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Image# 201601279004619079

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autho	orized Committee	Office Use	∋ Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Wellcare Health Plans	s, Inc. PAC (WellCare F	PAC)		
ADDRESS (number and street)	8735 Henderson Road			
Check if different than previously reported. (ACC)	Tampa		FL 33634	
2. FEC IDENTIFICATION N	UMBER ▼ CITY	′▲	STATE ▲ Z	ZIP CODE A
C C00390575	3. IS	THIS X NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (X January 31 Year-End Report (Q1) (c) 12-Day PRE-Election Report for the: Q3)	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6) 0 (M4) Jul 20 (M7) Primary (12P) Convention (12C)	Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report (TER)	on (d) 30-Day POST-Election Report for the:	General (30G)		Special (30S) in the State of
5. Covering Period 0	7 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 12	31 2018	
I certify that I have examined t	his Report and to the best of n	ny knowledge and belief it is to	ue, correct and complete).
Type or Print Name of Treasure	er Maurice Hebert			
Signature of Treasurer Man	urice Hebert	[Electronically Filed]	Date 01 / 27	2016
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties	s of 2 U.S.C. §437g.
Office Use				FORM 3X ev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Wellcare Health Plans, Inc. PAC (WellCare PAC) 01 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 111106.84 January 1, 2015 (b) Cash on Hand at 116191.70 Beginning of Reporting Period..... 236330.04 118245.18 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 234436.88 347436.88 6(a) and 6(c) for Column B)..... 87000.00 200000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 147436.88 147436.88 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 07	01 2015	To: 12 31 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		470505.07
(i) Itemized (use Schedule A)	104422.11	172525.07
		5400407
(ii) Unitemized	8823.07	51304.97
(iii) TOTAL (add	112245 10	223830.04
Lines 11(a)(i) and (ii)▶	113245.18	223630.04
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		7 7
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	7 7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	113245.18	223830.04
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
_		
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other	5000.00	5000.00
Political Committees	5000.00	5000.00
Other Federal Receipts	0.00	7500.00
(Dividends, Interest, etc.)	0.00	7500.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(113111 231123313 113)		5.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i ulius (lioiti schedule 113)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	118245.18	236330.04
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	118245.18	236330.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. O (a	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaiolidai Toul to Date
	(i) Federal Share	0.00	0.00
	(i) Todoral Gridio		
	(ii) Non-Federal Share	0.00	0.00
(b	,	0.00	
/-	Expenditures	0.00	0.00
(C	e) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Tr	ransfers to Affiliated/Other Party	0.00	0.00
	ommittees	0.00	0.00
C Fe	ontributions to ederal Candidates/Committees	50000.00	156000.00
	nd Other Political Committees	30000.00	156000.00
	dependent Expenditures	0.00	0.00
C	ise Schedule E)oordinated Party Expenditures		
(2	2 U.S.C. §441a(d)) ise Schedule F)	0.00	0.00
, 0			
Lo	pan Repayments Made	0.00	0.00
	pans Made	0.00	0.00
(a			
•	Than Political Committees	0.00	0.00
/I-	Delitical Barty Committee	0.00	0.00
(b		0.00	0.00
(0	(such as PACs)	0.00	0.00
	(626) 26 17.66/	7	
(d	I) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
0	ther Disbursements	37000.00	44000.00
_	adoral Floation Activity (0.11.0.0. \$421/00)		
	ederal Election Activity (2 U.S.C. §431(20)) a) Allocated Federal Election Activity		
(a	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	()		
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
(c	,	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
т-	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	87000.00	200000 00
۷	5, 2-1, 20, 20, 21, 20(a), 20 and 50(b))	67000.00	200000.00
To	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	87000.00	200000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	113245.18	223830.04
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	113245.18	223830.04
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF 892 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19660 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) B. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20180 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20408 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Harvey D. Anderson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 653.82	Date of Receipt 08 14 2015 Transaction ID: SA11AI.20741 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Harvey D. Anderson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 692.28	Date of Receipt Max
Full Name (Last, First, Middle Initial) Harvey D. Anderson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 730.74	Date of Receipt 09 11 2015 Transaction ID : SA11AI.20834 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)		115.38
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21382 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21642 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) c. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21896 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22159 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) B. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22413 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22669 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22914 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23380 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) Full Name (Last, First, Middle Initial) c. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19626 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
,	13 14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20152 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20380 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) c. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 Zip Code City State Transaction ID: SA11AI.21071

					-	-		_	-	00	0.45	
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		_										П
TOTAL This Period (last page this line number	only)	•	Ш	_	7	_	_	7	_		ж	

1634.55

33634

FL

C

Occupation

health care

Aggregate Year-to-Date ▼

96.15

Amount of Each Receipt this Period

Tampa

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

FOR LINE NUMBER: PAGE 12 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21107 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20805 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) Full Name (Last, First, Middle Initial) c. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21350 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FO	R LINE	NU	MBER	:	PAGE	. 1	13 OF	892
Use separate schedule(s)		eck only	or	ne)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
Wellcare Health Plans, Inc. P. Full Name (Last, First, Middle Initial)	AC (vvelicare PAC)	
Margaret Anderson Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	10 09 2015 Transaction ID : SA11AI.21613 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General	Occupation health care Aggregate Year-to-Date ▼	
Other (specify) Full Name (Last, First, Middle Initial)	2019.15	
Mailing Address 8735 Henderson Road		Date of Receipt 10 23 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.21867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	96.15
Name of Employer WellCare Health Plans, Inc. Receipt For:	Occupation health care	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	
Full Name (Last, First, Middle Initial) Margaret Anderson		Date of Receipt
Mailing Address 8735 Henderson Road	Otata Zin Code	11 06 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.22125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	96.15
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2211.45	
SUBTOTAL of Receipts This Page (optional)		288.45
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 14 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22382 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22638 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) Full Name (Last, First, Middle Initial) c. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22884 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	LINE	NU	IMBER	:	PAGE	: ·	15 OF	8	392
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ common common, conge		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P.	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Margaret Anderson Mailing Address 8735 Henderson Road		Date of Receipt
O'A.	Olate 7: 0 !	12 31 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.23440
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc.	Occupation health care	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2596.05	
Full Name (Last, First, Middle Initial) Vanessa Lea Anderson Mailing Address 2775 Handanaa Baada		Date of Receipt
Mailing Address 8735 Henderson Road		12 18 _2015 _
City	State Zip Code	Transaction ID : SA11AI.23034
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	
Full Name (Last, First, Middle Initial) C. Vanessa Lea Anderson		Date of Receipt
Mailing Address 8735 Henderson Road		12 31 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.23320 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	
SUBTOTAL of Receipts This Page (optional)		134.61
TOTAL This Period (last page this line numb		

	FOR LINE NUMBER:	PAGE	16 OF	892
Use separate schedule(s) for each category of the	(check only one)	_		
Detailed Summary Page	X 11a	11c	12	
	13 14	15	□ 16 □	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 02 2015 City State Zip Code Transaction ID: SA11AI.19707 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 291.62 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20225 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 312.45 Other (specify)

Full Name (Last, First, Middle Initial) c. Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 Zip Code City State Transaction ID: SA11AI.20451 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼

333.28

Primary

Other (specify)

General

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20723 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 354.11 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21182 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20879 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 395.77 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21433 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 416.60 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21688 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 437.43 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21940 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Norma I. Asencio Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20331 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Norma I. Asencio Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20557 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Norma I. Asencio Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20719 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 22 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 23 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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Detailed Summary Page	X 11a	11b	11c	12	
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Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For:	FL 33634 C Occupation health care	Amount of Each Receipt this Period
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.75	
Full Name (Last, First, Middle Initial) C. Norma I. Asencio Mailing Address 8735 Henderson Road		Date of Receipt 12 18 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.23070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 499.98	

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TOTAL This Period (last page this line number only).....

57.69

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Norma I. Asencio Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23356 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19648 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **c.** Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20171 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20399 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20731 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) **c.** Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21127 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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FOR LINE NUMBER: PAGE 28 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21886 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22149 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) **c.** Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22403 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22659 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22904 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) **c.** Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23369 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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615.36

C

Occupation

health care

Aggregate Year-to-Date ▼

38.46

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

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FOR LINE NUMBER: PAGE 32 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21372 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21634 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) c. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21888 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 33 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 34 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22906 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23371 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) Full Name (Last, First, Middle Initial) c. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19640 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.60 Other (specify) 146.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20164 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 954.60 Other (specify) Full Name (Last, First, Middle Initial) B. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20392 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1024.60 Other (specify) Full Name (Last, First, Middle Initial) c. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.21055 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1094.60 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Richard O. Banner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1164.60	Date of Receipt 08 28 2015 Transaction ID : SA11AI.21120 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Richard O. Banner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1234.60	Date of Receipt 99 11 2015 Transaction ID : SA11AI.20818 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Richard O. Banner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1304.60	Date of Receipt 09 25 2015 Transaction ID : SA11AI.21362 Amount of Each Receipt this Period 70.00
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TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. F	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Richard O. Banner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1374.60	Date of Receipt 10 09 2015 Transaction ID : SA11AI.21625 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Richard O. Banner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1444.60	Date of Receipt 10 23 2015 Transaction ID : SA11Al.21879 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Richard O. Banner Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1514.60	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22396 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1584.60 Other (specify) Full Name (Last, First, Middle Initial) B. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22652 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1654.60 Other (specify) Full Name (Last, First, Middle Initial) c. Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22898 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1724.60 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard O. Banner Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23424 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1794.60 Other (specify) Full Name (Last, First, Middle Initial) B. Daisy V. Barrera Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21949 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19718 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 108.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Lisa A. Bartley Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 07 17 2015 Transaction ID: SA11Al.20235 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Lisa A. Bartley Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt 07 31 2015 Transaction ID : SA11Al.20463 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Lisa A. Bartley Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 326.91	Date of Receipt 08 14 2015 Transaction ID: SA11AI.20616 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	•	57.69
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21190 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **B.** Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20887 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21441 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 42 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21698 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) **B.** Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21950 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22212 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22470 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) **B.** Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22720 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22967 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499 98 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA		•									
Full Name (Last, First, Middle Initial) 1. Lisa A. Bartley			Da	ate of	f Re	eceipt					
Mailing Address 8735 Henderson Road			Th.	1_ м	/	31		2015	Y		
City Tampa	State FL	Zip Code 33634					SA11A	I.23255 his Perio	d		
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Name of Employer WellCare Health Plans, Inc.	Occupation health care										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 519.21									
Full Name (Last, First, Middle Initial) Lucy Berenguer Mailing Address 8735 Henderson Road			┥ _	ate of	f Re	eceipt		/ Y Y Y			
City	State	Zip Code	4 L	07	acti	02		2015			
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Name of Employer WellCare Health Plans, Inc.	Occupation health care										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.22									
Full Name (Last, First, Middle Initial) Lucy Berenguer			Da	ate of	f Re	eceipt					
Mailing Address 8735 Henderson Road				07	/	17		2015	Y		
City Tampa	State FL	Zip Code 33634					: SA11A Receipt t	I.20300 his Perio	d		
FEC ID number of contributing federal political committee.	С					,	5	1	19.23		
Name of Employer WellCare Health Plans, Inc.	Occupation health care										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.45									
SUBTOTAL of Receipts This Page (optional).						7		5	7.69		
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lucy Berenguer Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20969 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) B. Lucy Berenguer Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21520 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Lucy Berenguer Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21777 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Bruce A. Bershad Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19771 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Bruce A. Bershad Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20285 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Bruce A. Bershad Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20671 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19724 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20241 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20469 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC ((WellCare PAC)	
Name of Employer WellCare Health Plans, Inc. Receipt For:	State Zip Code FL 33634 C Description ealth care Aggregate Year-to-Date ▼ 326.91	Date of Receipt 08 14 2015 Transaction ID: SA11AI.20622 Amount of Each Receipt this Period 19.23
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation ealth care Aggregate Year-to-Date ▼ 346.14	Date of Receipt 08 28 2015 Transaction ID : SA11AI.21196 Amount of Each Receipt this Period 19.23
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation health care Aggregate Year-to-Date ▼ 365.37	Date of Receipt O9 11 2015 Transaction ID : SA11AI.20893 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number only	y)	.

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21447 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21704 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) c. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21956 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22218 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 11 20 2015 City State Zip Code Transaction ID: SA11AI.22476 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22726 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22973 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23261 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) c. Phillip P. Bisesi Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20976 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 53 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Phillip P. Bisesi Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21526 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Phillip P. Bisesi Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21783 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) c. Phillip P. Bisesi Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22037 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Phillip P. Bisesi Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22295 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Phillip P. Bisesi Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22554 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Phillip P. Bisesi Date of Receipt Mailing Address 8735 Henderson Road 04 2015 City State Zip Code Transaction ID: SA11AI.22799 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Phillip P. Bisesi Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.23044 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Phillip P. Bisesi Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23330 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation Wellcare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19704 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20222 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20449 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) c. Scott B. Black Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20782 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P.	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Scott B. Black Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 692.28	Date of Receipt 08 28 2015 Transaction ID : SA11Al.21179 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Jason T. Bollent Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 269.22	Date of Receipt 07 02 2015 Transaction ID : SA11AI.19787 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Jason T. Bollent Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 07 17 2015 Transaction ID: SA11AI.20301 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	<u> </u>	76.92
TOTAL This Period (last page this line numb	er only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20530 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20690 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21265 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20970 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) B. Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21521 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21778 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22794 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.23039 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23325 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Other (specify)

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21251 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20951 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial) **c.** Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 25 09 2015 Zip Code City State Transaction ID: SA11AI.21500 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼

288.45

307.68

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21759 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22010 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **c.** Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22273 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22530 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22777 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) **c.** Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.23023 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23308 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19780 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20294 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20521 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20680 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21256 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20958 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) B. Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21505 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21763 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Kimya M. Brown Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 23 2015 Transaction ID: SA11AI.22014 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Kimya M. Brown Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 06 2015 Transaction ID: SA11AI.22277 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Kimya M. Brown Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 12
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number of	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.23026 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Kimya M. Brown Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23311 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Alan A. Buffenstein Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20936 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alan A. Buffenstein Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21487 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Alan A. Buffenstein Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21745 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) c. Alan A. Buffenstein Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21997 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alan A. Buffenstein Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22260 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Alan A. Buffenstein Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22517 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Alan A. Buffenstein Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22765 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	FOR LINE NUMBER: PAGE 73 OF							892		
Use separate schedule(s)	(с	(check only one)									
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
,			13		14		15		16		17

	nd Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. F	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Alan A. Buffenstein		Date of Receipt
Mailing Address 8735 Henderson Road		12 18 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.23011
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	346.14	
Full Name (Last, First, Middle Initial) 3. Alan A. Buffenstein	·	Date of Receipt
Mailing Address 8735 Henderson Road		12 31 2015
City	State Zip Code	Transaction ID : SA11AI.23296
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	-
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.37	
Full Name (Last, First, Middle Initial) C. Kenneth A. Burdick	1	Date of Receipt
Mailing Address 8735 Henderson Road		07 02 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.19608 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.30
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2692.20	
SUBTOTAL of Receipts This Page (optiona	I)	230.76
TOTAL This Period (last page this line num	ber only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20134 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20362 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3076.80 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.21085 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3269.10 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21595 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4038.30 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21849 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4230.60 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22106 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4422.90 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Kenneth A. Burdick Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 4615.20	Date of Receipt 11 20 2015 Transaction ID: SA11AI.22363 Amount of Each Receipt this Period 192.30
Full Name (Last, First, Middle Initial) Kenneth A. Burdick Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 4807.50	Date of Receipt 12 04 2015 Transaction ID : SA11AI.22621 Amount of Each Receipt this Period 192.30
Full Name (Last, First, Middle Initial) Kenneth A. Burdick Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 4999.80	Date of Receipt 12 18 2015 Transaction ID: SA11AI.22867 Amount of Each Receipt this Period 192.30
SUBTOTAL of Receipts This Page (optional)		576.90
TOTAL This Period (last page this line number	r only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23453 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 5192.10 Other (specify) Full Name (Last, First, Middle Initial) B. John Burke Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19617 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) c. John Burke Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20143 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) 384.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John Burke Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20796 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) Full Name (Last, First, Middle Initial) B. John Burke Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21341 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Burke Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21604 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John Burke Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21858 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. John Burke Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22116 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) c. John Burke Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22371 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19802 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20318 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20545 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21538 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21795 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) c. Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22049 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine K. Cashen Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21237 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Christine K. Cashen Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20935 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christine K. Cashen Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21486 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine K. Cashen Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23295 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. Laurence M. Cassar Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22841 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 201.81 Other (specify) Full Name (Last, First, Middle Initial) c. Laurence M. Cassar Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 Zip Code City State Transaction ID: SA11AI.23085 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.42 38.45 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20419 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20752 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21147 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Robert A. Champagne Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 730.74	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert A. Champagne Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 769.20	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert A. Champagne Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 807.66	Date of Receipt 10 09 2015 Transaction ID : SA11Al.21653 Amount of Each Receipt this Period 38.46
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Donna M. Chapman Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20272 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Donna M. Chapman Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20500 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Donna M. Chapman Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20658 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20436 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 08 14 2015 City State Zip Code Transaction ID: SA11AI.20769 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21164 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20865 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21413 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21673 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 2015 10 23 City State Zip Code Transaction ID: SA11AI.21926 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22189 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 Zip Code City State Transaction ID: SA11AI.22447 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing

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923.04

C

Occupation

health care

Aggregate Year-to-Date ▼

38.46

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	VellCare PAC)	
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) ▼ Other	State Zip Code FL 33634 Cupation alth care ggregate Year-to-Date 961.50	Date of Receipt 12 04 2015 Transaction ID: SA11AI.22699 Amount of Each Receipt this Period 38.46
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 Coupation alth care agregate Year-to-Date ▼ 999.96	Date of Receipt 12 18 2015 Transaction ID: SA11AI.22945 Amount of Each Receipt this Period 38.46
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Property For:	State Zip Code FL 33634 Coupation alth care agregate Year-to-Date ▼	Date of Receipt 12 31 2015 Transaction ID: SA11AI.23409 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)		115.38

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Ann C. Cox Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For:	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	07 02 2015 Transaction ID : SA11AI.19703 Amount of Each Receipt this Period 38.46
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	
Full Name (Last, First, Middle Initial) Ann C. Cox Mailing Address 8735 Henderson Road City	State Zip Code	Date of Receipt 07 17 2015
Tampa FEC ID number of contributing federal political committee.	FL 33634	Transaction ID : SA11AI.20221 Amount of Each Receipt this Period 38.46
Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 576.90	
Full Name (Last, First, Middle Initial) Ann C. Cox Mailing Address 8735 Henderson Road City	State Zip Code	Date of Receipt 07 31 2015
Tampa FEC ID number of contributing federal political committee.	FL 33634	Transaction ID : SA11AI.20448 Amount of Each Receipt this Period 38.46
Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 615.36	
SUBTOTAL of Receipts This Page (optional)	•	115.38
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21424 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21684 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) c. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21936 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21064 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) B. David Cure Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21100 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20798 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21343 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Cure Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21606 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21860 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 06 2015 11 City State Zip Code Transaction ID: SA11AI.22118 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. David Cure Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22373 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. David Cure Date of Receipt Mailing Address 8735 Henderson Road 04 2015 City State Zip Code Transaction ID: SA11AI.22631 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

/	,	
Full Name (Last, First, Middle Initial) A. David Cure Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	12 18 2015 Transaction ID : SA11AI.22877
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	
Full Name (Last, First, Middle Initial) 3. David Cure		Date of Receipt
Mailing Address 8735 Henderson Road		12 31 2015
City	State Zip Code	Transaction ID : SA11AI.23433
Tampa FEC ID number of contributing	FL 33634	Amount of Each Receipt this Period
federal political committee.	C	96.15
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2596.05	
Full Name (Last, First, Middle Initial) C. Lisa R. Darley		Date of Receipt
Mailing Address 8735 Henderson Road		07 02 2015
City	State Zip Code	Transaction ID : SA11AI.19738
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	269.22	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	211.53
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Full Name (Last, First, Middle Initial) c. Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 Zip Code City State Transaction ID: SA11AI.21462 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

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TOTAL This Period (last page this line number only)		7		7	_				

384.60

Other (specify)

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21719 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21972 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22235 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Lisa R. Darley Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 20 2015 Transaction ID: SA11AI.22492 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Lisa R. Darley Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 480.75	Date of Receipt 12 04 2015 Transaction ID : SA11AI.22741 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Lisa R. Darley Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 499.98	Date of Receipt 12 18 2015 Transaction ID : SA11AI.22986 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	>	57.69
TOTAL This Period (last page this line number of	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23274 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19634 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) c. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20159 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19740 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20256 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20484 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20639 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21214 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20911 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21464 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21721 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) c. Natalie D. Davis Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21974 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21894 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22157 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22411 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19705 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.76 Other (specify) Full Name (Last, First, Middle Initial) B. Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20223 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 432.60 Other (specify) Full Name (Last, First, Middle Initial) **c.** Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20585 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.44 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21431 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.80 Other (specify) Full Name (Last, First, Middle Initial) B. Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21686 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 605.64 Other (specify) Full Name (Last, First, Middle Initial) **c.** Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21938 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 634.48 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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, ,		13		14		15		16		17

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Valerie DeBoe Mailing Address 8735 Henderson Road		Date of Receipt
		12 18 2015
City	State Zip Code	Transaction ID : SA11AI.22956
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.84
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	749.84	
Full Name (Last, First, Middle Initial) 3. Valerie DeBoe		Date of Receipt
Mailing Address 8735 Henderson Road		12 31 _2015 _
City	State Zip Code	Transaction ID : SA11Al.23366
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	28.84
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	778.68	
Full Name (Last, First, Middle Initial) Desiree Demonbreun		Date of Receipt
Mailing Address 8735 Henderson Road		07 02 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.19719
	33034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	230.76	
SUBTOTAL of Receipts This Page (optional)		76.91
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
,		13		14		15		16		17

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Desiree Demonbreun Mailing Address 8735 Henderson Road		Date of Receipt
		08 28 2015
City	State Zip Code FL 33634	Transaction ID : SA11AI.21191
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	307.68	
Full Name (Last, First, Middle Initial) Desiree Demonbreun		Date of Receipt
Mailing Address 8735 Henderson Road		09 11 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.20888
· ·	11 33034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	326.91	
Full Name (Last, First, Middle Initial) C. Desiree Demonbreun		Date of Receipt
Mailing Address 8735 Henderson Road		09 25 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.21443
'		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	346.14	
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	er only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Desiree Demonbreun Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23256 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Francis P. Dempsey Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22668 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Francis P. Dempsey Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22913 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

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Full Name (Last, First, Middle Initial) Polak N. Desai Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 12 18 2015 Transaction ID : SA11Al.23016 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Polak N. Desai Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt 12 31 2015 Transaction ID: SA11AI.23301 Amount of Each Receipt this Period 19.23
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FOR LINE NUMBER: PAGE 186 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 06 2015 11 City State Zip Code Transaction ID: SA11AI.22224 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22482 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 Zip Code City State Transaction ID: SA11AI.22731 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation

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480.75

health care

Aggregate Year-to-Date ▼

WellCare Health Plans, Inc.

Other (specify)

General

Receipt For:

Primary

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22978 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23266 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19664 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20184 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20412 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20745 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21647 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21900 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22164 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22417 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22673 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22918 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23384 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa R. Faust Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23316 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Featherston Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20977 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John Featherston Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.23045 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. John Featherston Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23331 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) **c.** Hector L. Feliciano Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19733 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hector L. Feliciano Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21205 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Hector L. Feliciano Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20903 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) **c.** Hector L. Feliciano Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21457 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

Hector L. Feliciano

Mailing Address 8735 Henderson Road

Date of Receipt

١.	Full Name (Last, First, Middle Initial) Hector L. Feliciano		Date of Receipt
	Mailing Address 8735 Henderson Road		11 20 _ 2015 _
	City	State Zip Code	Transaction ID : SA11AI.22487
	Татра	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19.23
	Name of Employer	Occupation	
	WellCare Health Plans, Inc.	health care	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	
3.	Full Name (Last, First, Middle Initial) Hector L. Feliciano		Date of Receipt
	Mailing Address 8735 Henderson Road		12 04 2015
	City	State Zip Code	Transaction ID : SA11AI.22735
	Татра	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19.23
	Name of Employer WellCare Health Plans, Inc.	Occupation health care	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.75	
).	Full Name (Last, First, Middle Initial) Hector L. Feliciano		Date of Receipt
	Mailing Address 8735 Henderson Road		12 18 2015
	City	State Zip Code	Transaction ID : SA11AI.22982
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	19.23
	Name of Employer	Occupation	
	WellCare Health Plans, Inc.	health care	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hector L. Feliciano Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23270 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19614 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1269.18 Other (specify) Full Name (Last, First, Middle Initial) c. Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20140 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1365.33 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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FOR LINE NUMBER: PAGE 203 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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288.45

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307.68

Occupation

health care

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

WellCare Health Plans, Inc.

Other (specify)

General

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert L. Flohr Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22535 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Robert L. Flohr Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22783 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Robert L. Flohr Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.23028 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert L. Flohr Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23313 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19708 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 291.62 Other (specify) Full Name (Last, First, Middle Initial) c. Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20226 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 312.45 Other (specify) 60.89 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20452 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20724 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 354.11 Other (specify) Full Name (Last, First, Middle Initial) c. Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21183 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 374.94 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCa	re PAC)					
Δ.	Full Name (Last, First, Middle Initial) Ryan B. Fogarty Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State FL C Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼		Receipt / 11 ction ID : SA of Each Rec			
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	Ryan B. Fogarty Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State FL C Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼		Receipt / 09 action ID : So of Each Rec	\11AI.2		
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dalvin Ford Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22207 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 479.09 Other (specify) Full Name (Last, First, Middle Initial) B. Dalvin Ford Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22464 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.92 Other (specify) Full Name (Last, First, Middle Initial) c. Dalvin Ford Date of Receipt Mailing Address 8735 Henderson Road 04 2015 City State Zip Code Transaction ID: SA11AI.22716 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 520.75 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dalvin Ford Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22962 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 541.58 Other (specify) Full Name (Last, First, Middle Initial) B. Dalvin Ford Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23365 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 562.41 Other (specify) Full Name (Last, First, Middle Initial) c. Marjorie P. Forgang Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19675 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) 80.12 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marjorie P. Forgang Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21150 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Marjorie P. Forgang Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20848 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) c. Marjorie P. Forgang Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21396 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20411 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 08 14 2015 City State Zip Code Transaction ID: SA11AI.20744 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21139 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 2015 28 City State Zip Code Transaction ID: SA11AI.21125 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 09 2015 11 City State Zip Code Transaction ID: SA11AI.20824 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) c. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 09 25 2015 City State Zip Code Transaction ID: SA11AI.21368 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 09 2015 10 City State Zip Code Transaction ID: SA11AI.21631 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) B. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 10 23 2015 City State Zip Code Transaction ID: SA11AI.21885 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 06 11 2015 City State Zip Code Transaction ID: SA11AI.22147 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 20 2015 11 City State Zip Code Transaction ID: SA11AI.22402 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 12 04 2015 City State Zip Code Transaction ID: SA11AI.22658 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 18 2015 City State Zip Code Transaction ID: SA11AI.22903 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (Well	Care PAC)	
Full Name (Last, First, Middle Initial) Roger T. Gerlach Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Aggreg		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Roger T. Gerlach Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Aggreg		Date of Receipt 10 09 2015 Transaction ID : SA11AI.21727 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Roger T. Gerlach Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) General		Date of Receipt 10 23 2015 Transaction ID : SA11Al.21979 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth A. Gianini Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21663 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth A. Gianini Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21915 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth A. Gianini Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22179 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth A. Gianini Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23397 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) Full Name (Last, First, Middle Initial) B. Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19615 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) **c.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20141 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20369 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) **B.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.21060 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) C.

Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr.		Date of Receipt
Mailing Address 8735 Henderson Road		08 28 2015
City	State Zip Code	Transaction ID : SA11AI.21096
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1730.70	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20794 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) Full Name (Last, First, Middle Initial) B. Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21339 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21602 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21856 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22114 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) **c.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22369 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22627 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) Full Name (Last, First, Middle Initial) **B.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22873 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name (Last, First, Middle Initial) **c.** Louis Gianquinto, Jr. Date of Receipt

Mailing Address 8735 Henderson Road 12 31 2015 Zip Code City State Transaction ID: SA11AI.23429 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2596.05 Other (specify)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19697 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20215 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20442 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Sabrina H. Gibson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 08 14 2015 Transaction ID : SA11AI.20776 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Sabrina H. Gibson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 499.98	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sabrina H. Gibson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 538.44	Date of Receipt 09 11 2015 Transaction ID : SA11AI.20871 Amount of Each Receipt this Period 38.46
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21419 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21679 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) c. Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21931 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22950 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) B. Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23414 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Stephanie R. Glass Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19737 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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384.60

C

Occupation

health care

Aggregate Year-to-Date ▼

19.23

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Stephanie R. Glass Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21718 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Stephanie R. Glass Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21971 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Stephanie R. Glass Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22234 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Stephanie R. Glass Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22491 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Stephanie R. Glass Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22740 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19609 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2692.20 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21090 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3461.40 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20788 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3653.70 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21333 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3846.00 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22366 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4615.20 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22622 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4807.50 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22868 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4999.80 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lori-Don M. Gregory Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21627 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 599.95 Other (specify) Full Name (Last, First, Middle Initial) B. Lori-Don M. Gregory Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21881 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 646.10 Other (specify) Full Name (Last, First, Middle Initial) c. Lori-Don M. Gregory Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22143 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.25 Other (specify) 138.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lori-Don M. Gregory Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23422 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 46.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 876.85 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19662 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20182 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 123.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20410 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 08 14 2015 City State Zip Code Transaction ID: SA11AI.20743 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21138 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22671 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22916 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23382 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 02 2015 City State Zip Code Transaction ID: SA11AI.19630 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20156 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20384 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21075 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21112 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Haber Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20810 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Michael Haber Mailing Address, 8735 Handerson Board		Date of Receipt
Mailing Address 8735 Henderson Road		09 25 2015
City	State Zip Code	Transaction ID : SA11AI.21354
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1923.00	
Full Name (Last, First, Middle Initial) Michael Haber	•	Date of Receipt
Mailing Address 8735 Henderson Road		M M / D D / Y Y Y Y Y
City	State Zip Code	10 09 2015 Transaction ID : SA11AI.21617
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2019.15	
Full Name (Last, First, Middle Initial) C. Michael Haber	1	Date of Receipt
Mailing Address 8735 Henderson Road		10 23 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.21871
	1 - 33034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	1
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	2115.30	
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TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nicole Hall Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21188 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Nicole Hall Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20885 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Nicole Hall Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21439 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. I	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Nicole Hall Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 403.83	Date of Receipt 10 09 2015 Transaction ID : SA11AI.21696 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Nicole Hall Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 23 2015 Transaction ID : SA11AI.21947 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Nicole Hall Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 06 2015 Transaction ID: SA11AI.22210 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional	al)	57.69
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nicole Hall Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23253 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew P. Halme Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19679 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew P. Halme Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20198 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 299 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Matthew P. Halme Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20426 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew P. Halme Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20759 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew P. Halme Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21154 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 300 OF 892 Use separate schedule(s)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (Well	Care PAC)	
Primary General Other (specify) ▼		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Matthew P. Halme Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Aggreg		Date of Receipt 9 25 2015 Transaction ID: SA11AI.21400 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Matthew P. Halme Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Occupa		Date of Receipt 10 09 2015 Transaction ID : SA11AI.21661 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)	>	115.38

FOR LINE NUMBER: PAGE 301 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 302 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Matthew P. Halme Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22686 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew P. Halme Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22930 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) c. Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19669 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 303 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 304 OF 892 Use separate schedule(s) (check only one) X 11a 11b 11c 12 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21144 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20842 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) c. Robin Hamel Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21390 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Jason Hamilton Mailing Address 8735 Henderson Road		Date of Receipt
		07 02 2015
City	State Zip Code	Transaction ID : SA11AI.19649
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	269.22	
Full Name (Last, First, Middle Initial) Jason Hamilton		Date of Receipt
Mailing Address 8735 Henderson Road		07 17 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.20172
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	307.68	
Full Name (Last, First, Middle Initial) Jason Hamilton	ı	Date of Receipt
Mailing Address 8735 Henderson Road		07 31 2015
City	State Zip Code FL 33634	Transaction ID : SA11AI.20400
Tampa	16 33034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	1
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	346.14	
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FOR LINE NUMBER: PAGE 307 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jason Hamilton Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21371 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Jason Hamilton Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21633 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) c. Jason Hamilton Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21887 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 308 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 309 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jason Hamilton Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22905 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) B. Jason Hamilton Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23370 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Cindy L. Hankin Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19752 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Cindy L. Hankin Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21229 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Cindy L. Hankin Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20928 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Cindy L. Hankin Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21479 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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442.29

Occupation

health care

Aggregate Year-to-Date ▼

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Cindy L. Hankin Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 20 2015 Transaction ID : SA11AI.22509 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Cindy L. Hankin Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 480.75	Date of Receipt 12 04 2015 Transaction ID : SA11AI.22757 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Cindy L. Hankin Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 499.98	Date of Receipt 12
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	only)	

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Detailed Summary Page	<u>></u>	11a		11b		11c		12		_
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	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Richard M. Hanks Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 08 14 2015 Transaction ID: SA11AI.20737 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Craig M. Hansen Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1346.10	Date of Receipt 07 02 2015 Transaction ID: SA11AI.19627 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Craig M. Hansen Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1442.25	Date of Receipt M M M / D J J 2015 Transaction ID : SA11AI.20153 Amount of Each Receipt this Period 96.15
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FOR LINE NUMBER: PAGE 316 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 317 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 319 OF 892 Use separate schedule(s) (check only one) X 11a 11b 11c 12

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FOR LINE NUMBER: PAGE 320 OF 892 Use separate schedule(s) (check only one) X 11a 11b 11c 12 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20773 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 80 28 2015 City State Zip Code Transaction ID: SA11AI.21169 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) c. Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20868 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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Name of Employer

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 25 2015 City State Zip Code Transaction ID: SA11AI.21416 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Merrill J. Hausenfluck Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City Zip Code State Transaction ID: SA11AI.21676 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee.

WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	health care Aggregate Year-to-Date ▼ 807.66	
Full Name (Last, First, Middle Initial) Merrill J. Hausenfluck Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	10 23 2015 Transaction ID : SA11Al.21929 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	
CURTOTAL of Descipts This Desce (autional)		115.38

Occupation

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FOR LINE NUMBER: PAGE 323 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes. Other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) WellCare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) City State Zip Code FL 33634 FEC ID number of contributing federal political committee. Primary General Other (specify) Paramay General Other (s	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine M. Hayes Mailing Address 8735 Henderson Road City State Zip Code FL 33634 FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code FL 33634 Date of Receipt this Period Docupation health care Pagregate Year-to-Date ▼ Date of Receipt this Period Date of Receipt this Period Date of Receipt this Period Transaction ID: SA11AL20242 Amount of Each Receipt this Period Date of Recei			erson for the purpose of soliciting contributions
A. Christine M. Hayes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code Tampa Tamp	, ,	WellCare PAC)	
Mailing Address 8735 Henderson Road City State Zip Code FL 33634 FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code FL 33634 Full Name (Last, First, Middle Initial) City State Zip Code FL 3367.68 Full Name (Last, First, Middle Initial) City State Zip Code FL 33634 FEC ID number of contributing federal political committee. City State Zip Code FL 33634 FEC ID number of contributing federal political committee. City State Zip Code FL 33634 FEC ID number of contributing federal political committee. City State Zip Code FL 33634 FEC ID number of contributing federal political committee. City General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ State Zip Code FL 33634 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼	Christine M. Hayes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General	FL 33634 C Decupation ealth care aggregate Year-to-Date ▼	07 17 2015 Transaction ID: SA11AI.20242 Amount of Each Receipt this Period
Christine M. Hayes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ Date of Receipt Mailing Address 8735 Henderson Road Transaction ID: SA11Al.20623 Amount of Each Receipt this Period 19.23 Aggregate Year-to-Date ▼ 57.60	City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General	FL 33634 C Decupation Pealth care Reggregate Year-to-Date ▼	07 31 2015 Transaction ID: SA11AI.20470 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Christine M. Hayes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General	FL 33634 C Decupation ealth care aggregate Year-to-Date ▼ 326.91	08 14 2015 Transaction ID: SA11AI.20623 Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional)	•	57.69

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christine M. Hayes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 346.14	Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Christine M. Hayes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 365.37	Date of Receipt 99 11 2015 Transaction ID: SA11AI.20894 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Christine M. Hayes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 09 25 2015 Transaction ID : SA11Al.21448 Amount of Each Receipt this Period
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20367 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.21058 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) c. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21094 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20792 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) Full Name (Last, First, Middle Initial) B. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21337 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21600 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21854 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22112 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) c. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22367 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22625 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) Full Name (Last, First, Middle Initial) B. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22871 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name (Last, First, Middle Initial) c. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23427 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2596.05 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20760 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 80 28 2015 City State Zip Code Transaction ID: SA11AI.21155 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) c. Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20853 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22178 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) B. Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22432 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22687 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Troy Hildreth Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21163 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Troy Hildreth Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20864 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) c. Troy Hildreth Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21412 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Robert L. Hilliard Mailing Address 8735 Henderson Road		Date of Receipt
		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.20377
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specifu) —	Aggregate Year-to-Date ▼ 1538.40	
Other (specify)	1536.40	
Full Name (Last, First, Middle Initial) Robert L. Hilliard		Date of Receipt
Mailing Address 8735 Henderson Road		08 14 2015
City	State Zip Code FL 33634	Transaction ID : SA11AI.21068
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1634.55	
Full Name (Last, First, Middle Initial) C. Robert L. Hilliard		Date of Receipt
Mailing Address 8735 Henderson Road		08 28 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.21104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1730.70	
SUBTOTAL of Receipts This Page (optional)	>	288.45
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22635 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) Full Name (Last, First, Middle Initial) B. Robert L. Hilliard Date of Receipt Mailing Address 8735 Henderson Road M = M / D = D / Y = Y = Y

		12 18 2015
City	State Zip Code	Transaction ID : SA11AI.22881
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	
Full Name (Last, First, Middle Initial) Robert L. Hilliard		Date of Receipt
Mailing Address 8735 Henderson Road		12 31 2015
City	State Zip Code	Transaction ID : SA11AI.23437
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2596.05	
OUDTOTAL of Descript This Days (self-self)		288.45

SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 02 2015 City State Zip Code Transaction ID: SA11AI.19692 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) B. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City Zip Code State Transaction ID: SA11AI.20211 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	576.90	
Full Name (Last, First, Middle Initial) William Hinsdale		Date of Receipt
Mailing Address 8735 Henderson Road		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.20438
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	615.36	

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115.38

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20772 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21167 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) c. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20867 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 349 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22191 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) B. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22449 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 04 2015 City State Zip Code Transaction ID: SA11AI.22701 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22947 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23411 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) Full Name (Last, First, Middle Initial) **c.** John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19790 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 352 OF 892

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCa	are PAC)	
Full Name (Last, First, Middle Initial) John J. Hofstetter Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt 07 17 2015 Transaction ID: SA11AI.20304 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) John J. Hofstetter Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt 07 31 2015 Transaction ID : SA11AI.20532 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) John J. Hofstetter Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) General		Date of Receipt 08 14 2015 Transaction ID: SA11AI.20692 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) John J. Hofstetter Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 346.14	Date of Receipt 08 28 2015 Transaction ID: SA11AI.21267 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) John J. Hofstetter Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 365.37	Date of Receipt 109 11 2015 Transaction ID: SA11AI.20974 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) John J. Hofstetter Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt M M M / 25 2015 Transaction ID: SA11AI.21524 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	•	57.69
TOTAL This Period (last page this line number	only)	7 7 7

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21781 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22035 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) **c.** John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22293 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22552 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22797 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) **c.** John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.23042 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499 98 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Hofstetter Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23328 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19629 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) c. Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20155 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20383 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.21074 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) c. Marla P. Holcomb Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21110 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC)	
Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33634 C Decupation ealth care aggregate Year-to-Date ▼ 1826.85	Date of Receipt O9 11 2015 Transaction ID : SA11AI.20808 Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation ealth care aggregate Year-to-Date ▼ 1923.00	Date of Receipt 09 25 2015 Transaction ID : SA11AI.21353 Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation ealth care aggregate Year-to-Date ▼	Date of Receipt 10 09 2015 Transaction ID: SA11AI.21616 Amount of Each Receipt this Period 96.15
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2307.60

33634

FL

С

Occupation

health care

Aggregate Year-to-Date ▼

96.15

Amount of Each Receipt this Period

Tampa

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

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2596.05

Occupation

health care

Aggregate Year-to-Date ▼

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher H. Horan Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19762 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher H. Horan Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20278 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher H. Horan Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20506 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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288.45

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Meghan A. Izzo Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21170 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Meghan A. Izzo Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20869 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) c. Meghan A. Izzo Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21417 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20447 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 08 14 2015 City State Zip Code Transaction ID: SA11AI.20780 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) **c.** Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21176 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Goran Jankovic Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) Entitle Address 8735 Henderson Road	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 846.12	Date of Receipt 10 23 2015 Transaction ID: SA11Al.21935 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Goran Jankovic Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 884.58	Date of Receipt 11 06 2015 Transaction ID: SA11AI.22198 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Goran Jankovic Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 923.04	Date of Receipt 11 20 2015 Transaction ID : SA11Al.22455 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)	·····	115.38
TOTAL This Period (last page this line number of	only)	

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22707 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22953 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) **c.** Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23417 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19637 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20162 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) Full Name (Last, First, Middle Initial) c. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20390 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21081 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21118 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) c. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20816 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21360 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21623 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) Full Name (Last, First, Middle Initial) c. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21877 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22136 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22393 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22649 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22895 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23450 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2596.05 Other (specify) Full Name (Last, First, Middle Initial) c. Manuel C. Jimenez Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20293 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Manuel C. Jimenez Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.22013 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Manuel C. Jimenez Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22276 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Manuel C. Jimenez Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22532 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Wellcare Health Plans, Inc. PA	AC (WellCare PAC)					
Full Name (Last, First, Middle Initial) Walter C. Johnson	Date of Receipt					
Mailing Address 8735 Henderson Road	08 14 2015					
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.20734 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	38.46				
Name of Employer WellCare Health Plans, Inc.	Occupation health care					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82					
Full Name (Last, First, Middle Initial) Walter C. Johnson Mailing Address 8735 Henderson Road		Date of Receipt				
City Tampa	State Zip Code FL 33634	08 28 2015 Transaction ID : SA11Al.21130 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	38.46				
Name of Employer WellCare Health Plans, Inc.	Occupation health care					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 692.28					
Full Name (Last, First, Middle Initial) Walter C. Johnson		Date of Receipt				
Mailing Address 8735 Henderson Road		09 11 2015				
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.20828 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	38.46				
Name of Employer WellCare Health Plans, Inc.	Occupation health care					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.74					
SUBTOTAL of Receipts This Page (optional)		115.38				
TOTAL This Period (last page this line numbe	r only)					

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Walter C. Johnson Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22907 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. Walter C. Johnson Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23372 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jacqueline M. Jones Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19817 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jacqueline M. Jones Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20333 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Jacqueline M. Jones Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20558 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jacqueline M. Jones Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20720 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21607 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21861 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Kensicki Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22119 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 10 2015 City State Zip Code Transaction ID: SA11AI.21994 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22257 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 Zip Code City State Transaction ID: SA11AI.22514 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼

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Primary

Other (specify)

General

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22762 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.23008 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23293 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

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SCHEDULE A (FEC Form 3X)

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	Name of Employer WellCare Health Plans, Inc. Receipt For:	Occupation health care												
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В.	Full Name (Last, First, Middle Initial) Sharon L. King Mailing Address 8735 Henderson Road			Date of Receipt										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nancy A. Kirby Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.20457 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy A. Kirby Date of Receipt Mailing Address 8735 Henderson Road 08 14 2015 City State Zip Code Transaction ID: SA11AI.20613 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy A. Kirby Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21695 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify)

57.69

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nancy A. Kirby Date of Receipt Mailing Address 8735 Henderson Road 2015 10 23 City State Zip Code Transaction ID: SA11AI.21946 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy A. Kirby Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22209 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy A. Kirby Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22467 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19621 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20147 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) Full Name (Last, First, Middle Initial) c. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20375 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21345 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21608 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) Full Name (Last, First, Middle Initial) c. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21862 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22120 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22376 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22633 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22879 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23435 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2596.05 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19677 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20196 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20424 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20757 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 2015 10 09 City State Zip Code Transaction ID: SA11AI.21658 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21911 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22175 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Lisa L. Knowles-Spruell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 923.04	Date of Receipt 11 20 2015 Transaction ID : SA11AI.22428 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Lisa L. Knowles-Spruell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 961.50	Date of Receipt 12 04 2015 Transaction ID : SA11AI.22684 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Lisa L. Knowles-Spruell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 999.96	Date of Receipt 12 18 2015 Transaction ID: SA11AI.22929 Amount of Each Receipt this Period 38.46
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TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23395 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) Full Name (Last, First, Middle Initial) B. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19812 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20327 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20553 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 08 14 2015 City State Zip Code Transaction ID: SA11AI.20715 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21289 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Stephan Korda Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa FEC ID number of contributing federal political committee.	State Zip Code FL 33634	09 11 2015 Transaction ID: SA11AI.21003 Amount of Each Receipt this Period 19.23
Name of Employer WellCare Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 365.37	
Full Name (Last, First, Middle Initial) Stephan Korda Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing	State Zip Code FL 33634	Date of Receipt 09 25 2015 Transaction ID : SA11Al.21547 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Rederal political committee. Replacement General	Occupation health care Aggregate Year-to-Date ▼ 384.60	
Full Name (Last, First, Middle Initial) Stephan Korda Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 403.83	Date of Receipt 10 09 2015 Transaction ID: SA11AI.21804 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	>	57.69
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.22058 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22316 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22575 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22820 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.23065 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23351 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full)	C (MaliCara DAC)	
Wellcare Health Plans, Inc. PAG	C (vvelicare PAC)	
Full Name (Last, First, Middle Initial) A. Roman T. Kulich		Date of Receipt
Mailing Address 8735 Henderson Road		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.22377
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2211.45	
Full Name (Last, First, Middle Initial) Roman T. Kulich		Date of Receipt
Mailing Address 8735 Henderson Road		M = M / D = D / Y = Y = Y
City	State Zip Code	12 04 2015
Tampa	FL 33634	Transaction ID : SA11AI.22634 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2307.60	
Full Name (Last, First, Middle Initial) . Roman T. Kulich		Date of Receipt
Mailing Address 8735 Henderson Road		12 18 2015
City	State Zip Code	Transaction ID : SA11AI.22880
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2403.75	
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Other (specify)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Full Name (Last, First, Middle Initial) **c.** Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 Zip Code City State Transaction ID: SA11AI.20163 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

1346.10

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20817 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21361 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21624 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ladonna Y. Latney-Battle Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22979 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Ladonna Y. Latney-Battle Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23267 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jessica Lincoln Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19783 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 458 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jessica Lincoln Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21259 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica Lincoln Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20961 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jessica Lincoln Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21508 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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WellCare Health Plans, Inc.

General

Receipt For:

C.

Primary

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Other (specify) ▼	423.06	
Full Name (Last, First, Middle Initial) Jessica Lincoln		Date of Receipt
Mailing Address 8735 Henderson Road		12 18 2015
City	State Zip Code	Transaction ID : SA11AI.23029
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	442.29	

health care

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Aggregate Year-to-Date ▼

57.69

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jessica Lincoln Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23314 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19721 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20238 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20466 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20619 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21193 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 463 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20890 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) B. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21444 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21701 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21953 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22215 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22473 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCa	re PAC)					
Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State FL C Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	07 Trans	Receipt / 02 action ID: Second Receipt	SA11AI.1		15
Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State FL C Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	07 Trans	Receipt 17 action ID: \$ of Each Re			Y 15
Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State FL C Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	07 Trans	Receipt / 31 saction ID: Store Each Receipt	SA11AI.		15
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21080 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21117 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) c. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20815 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21359 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21622 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) c. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21876 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22135 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22392 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) c. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 04 2015 City State Zip Code Transaction ID: SA11AI.22648 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22894 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23449 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name (Last, First, Middle Initial) c. Angela Marks Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19809 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Martin Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23419 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19796 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20312 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20985 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) B. Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21532 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21789 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22805 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.23050 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23336 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19618 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) B. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20144 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) Full Name (Last, First, Middle Initial) c. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20372 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21063 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) B. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21099 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) c. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20797 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	purpose	of solicitin	g co	ntribut	ions	

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Carole A. Matyas Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	09 25 2015 Transaction ID : SA11AI.21342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer WellCare Health Plans, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 1923.00	
Full Name (Last, First, Middle Initial) Carole A. Matyas Mailing Address 8735 Henderson Road		Date of Receipt 10 09 2015
City Tampa FEC ID number of contributing federal political committee.	State Zip Code FL 33634	Transaction ID : SA11Al.21605 Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General	Occupation health care Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Carole A. Matyas	2019.15	Date of Receipt
Mailing Address 8735 Henderson Road		10 23 2015
City Tampa FEC ID number of contributing	State Zip Code FL 33634	Transaction ID : SA11AI.21859 Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	
SUBTOTAL of Receipts This Page (optional)		288.45
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22117 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22372 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) c. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 04 2015 City State Zip Code Transaction ID: SA11AI.22630 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22876 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name (Last, First, Middle Initial) B. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23432 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2596.05 Other (specify) Full Name (Last, First, Middle Initial) c. Faustino Mayo Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19818 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Faustino Mayo Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt O7 17 2015 Transaction ID : SA11AI.20334 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Faustino Mayo Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt 07 31 2015 Transaction ID : SA11AI.20559 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Faustino Mayo Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 326.91	Date of Receipt 08 14 2015 Transaction ID: SA11AI.20721 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number of	only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Faustino Mayo Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21812 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Faustino Mayo Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22066 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Faustino Mayo Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22323 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Faustino Mayo Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23359 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19656 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) c. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20176 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
	d Statements may not be sold or used by any pethe name and address of any political committee	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P.	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Ray McComb Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 615.36	Date of Receipt 07 31 2015 Transaction ID: SA11AI.20404 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Ray McComb Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 653.82	Date of Receipt 08 14 2015 Transaction ID : SA11AI.20736 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Ray McComb Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 692.28	Date of Receipt 08 28 2015 Transaction ID: SA11AI.21132 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)	•	115.38
TOTAL This Period (last page this line numb	per only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20830 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) B. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21375 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21637 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21891 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) B. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22154 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) c. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22408 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22664 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22909 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) c. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23374 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Other (specify)

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269.22

health care

Aggregate Year-to-Date ▼

WellCare Health Plans, Inc.

Other (specify)

General

Receipt For:

Primary

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57.69

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sarah Helene McKinnie Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23278 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Megginson Date of Receipt Mailing Address 8735 Henderson Road 11 20 2015 City State Zip Code Transaction ID: SA11AI.22596 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 201.81 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Megginson Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22842 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.42 38.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) June Mellor Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21446 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. June Mellor Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21703 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) **c.** June Mellor Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21955 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) June Mellor Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22972 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. June Mellor Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23260 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth M. Miller Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19745 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Elizabeth M. Miller Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt O7 17 2015 Transaction ID : SA11AI.20262 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Elizabeth M. Miller Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt 07 31 2015 Transaction ID : SA11AI.20490 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Elizabeth M. Miller Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 326.91	Date of Receipt 08
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Eufemia E. Mitchell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 23 2015 Transaction ID: SA11AI.22047 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Eufemia E. Mitchell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 06 2015 Transaction ID: SA11AI.22305 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Eufemia E. Mitchell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 461.52	Date of Receipt 11 20 2015 Transaction ID: SA11AI.22564 Amount of Each Receipt this Period 19.23
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy M. Mullen Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21797 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy M. Mullen Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22051 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy M. Mullen Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22309 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Kathleen Mulqueen Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 365.37	Date of Receipt O9 11 2015 Transaction ID: SA11Al.21006 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Kathleen Mulqueen Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 09 25 2015 Transaction ID: SA11Al.21550 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Kathleen Mulqueen Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 403.83	Date of Receipt 12 04 2015 Transaction ID : SA11AI.22823 Amount of Each Receipt this Period 19.23
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kathleen Mulqueen Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.23068 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Mulqueen Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23354 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly A. Munson Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19804 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Kelly A. Munson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) Contribution General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt O7 17 2015 Transaction ID: SA11AI.20320 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Kelly A. Munson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 307.68	Date of Receipt O7 31 2015 Transaction ID: SA11AI.20547 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Kelly A. Munson Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 326.91	Date of Receipt 08 14 2015 Transaction ID : SA11AI.20709 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	>	57.69
TOTAL This Period (last page this line number of	only)	

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B. Kelly A. Munson		Date of Receipt
Mailing Address 8735 Henderson Road		09 11 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.20996
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer WellCare Health Plans, Inc.	Occupation health care	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	
Full Name (Last, First, Middle Initial) C. Kelly A. Munson		Date of Receipt
Mailing Address 8735 Henderson Road		09 25 2015
City	State Zip Code	Transaction ID : SA11AI.21541
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22365 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) Full Name (Last, First, Middle Initial) B. Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22624 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) Full Name (Last, First, Middle Initial) c. Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22870 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23426 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2596.05 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19673 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20192 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20420 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20753 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21148 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Michael J. Orlosky Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 846.12	Date of Receipt 10 23 2015 Transaction ID: SA11AI.21907 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Michael J. Orlosky Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 11 06 2015 Transaction ID: SA11AI.22171 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Michael J. Orlosky Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 923.04	Date of Receipt 11 20 2015 Transaction ID: SA11AI.22424 Amount of Each Receipt this Period 38.46
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١.	Full Name (Last, First, Middle Initial) Benjamin Orris Mailing Address 19605 Intrigue Way	Chata	7in Codo	12	2	18	/ Y	2015	Y
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١	, ,	Occupation health care Aggregate Y	∕ear-to-Date ▼ 326.91						
3.	Full Name (Last, First, Middle Initial) Benjamin Orris Mailing Address 19605 Intrigue Way			Date		ceipt	/ Y	2015	Y
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ک. ِ	Full Name (Last, First, Middle Initial) Carole Ouimet Mailing Address 8735 Henderson Road			Date 07		ceipt 02	/ Y	2015	Y
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28 80 2015 Zip Code City State Transaction ID: SA11AI.21286 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346.14

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCa	are PAC)	
Full Name (Last, First, Middle Initial) Nino A. Palermo Mailing Address 8735 Henderson Road City State Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	Zip Code 33634 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O9 11 2015 Transaction ID: SA11Al.20999 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Nino A. Palermo Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt 109 25 2015 Transaction ID: SA11AI.21544 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Nino A. Palermo Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) General	Zip Code 33634 Year-to-Date ▼	Date of Receipt 10 09 2015 Transaction ID : SA11Al.21801 Amount of Each Receipt this Period
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nino A. Palermo Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.22055 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Nino A. Palermo Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22313 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Nino A. Palermo Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22572 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nino A. Palermo Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22817 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) B. Nino A. Palermo Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.23062 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) c. Nino A. Palermo Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 Zip Code City State Transaction ID: SA11AI.23348 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Amelia Pantelis Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22599 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 9.61 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.64 Other (specify) Full Name (Last, First, Middle Initial) B. Amelia Pantelis Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22844 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 240.25 Other (specify) Full Name (Last, First, Middle Initial) c. Amelia Pantelis Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.23087 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 9.61 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.86 Other (specify) 28.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Amelia Pantelis Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23244 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 9.61 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 259.47 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19611 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20137 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) 201.91 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20365 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.21056 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21092 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20790 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21335 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher T. Parrillo Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21598 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 562 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 563 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21159 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20857 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) c. Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 25 09 2015 Zip Code City State Transaction ID: SA11AI.21405 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Margaret E. Peal Mailing Address 8735 Handerson Bood		Date of Receipt
Mailing Address 8735 Henderson Road		10 09 2015
City	State Zip Code	Transaction ID : SA11AI.21666
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	1
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	615.36	
Full Name (Last, First, Middle Initial) Margaret E. Peal		Date of Receipt
Mailing Address 8735 Henderson Road		10 23 _2015 _
City	State Zip Code	Transaction ID : SA11AI.21919
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	1
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	653.82	
Full Name (Last, First, Middle Initial) C. Margaret E. Peal	I	Data of Pagaint
Mailing Address 8735 Henderson Road		Date of Receipt
		11 06 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.22182 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	692.28	
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22436 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22691 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22935 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Margaret E. Peal		Date of Receipt
Mailing Address 8735 Henderson Road		12 31 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.23400 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation health care Aggregate Year-to-Date ▼ 846.12	
Full Name (Last, First, Middle Initial) Laura B. Phin Mailing Address 8735 Henderson Road	'	Date of Receipt
City Tampa	State Zip Code FL 33634	12 31 2015 Transaction ID : SA11AI.23265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	
Full Name (Last, First, Middle Initial) C. Anthony B. Piagentini		Date of Receipt
Mailing Address 8735 Henderson Road		08 28 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.21162 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	health care Aggregate Year-to-Date ▼ 230.76	
SUBTOTAL of Receipts This Page (optional).	>	96.15
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anthony B. Piagentini Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21921 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony B. Piagentini Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22184 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Anthony B. Piagentini Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22438 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 570 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Julia Pinckney Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 280.00	Date of Receipt M M O2 2015 Transaction ID: SA11AI.19713 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Julia Pinckney Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Julia Pinckney Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 320.00	Date of Receipt 7 31 2015 Transaction ID: SA11AI.20456 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number o	nly)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Cheryl L. Piskutz Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22751 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Cheryl L. Piskutz Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22997 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Cheryl L. Piskutz Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23283 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sue Podbielski Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20762 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Podbielski Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21157 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) **c.** Sue Podbielski Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20855 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name (Last, First, Middle Initial) **c.** Sue Podbielski Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 Zip Code City State Transaction ID: SA11AI.22103 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christopher Price Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 346.14	Date of Receipt 12 31 2015 Transaction ID: SA11AI.23407 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) William A. Prince Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 269.22	Date of Receipt O7
Full Name (Last, First, Middle Initial) William A. Prince Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 288.45	Date of Receipt 07 17 2015 Transaction ID: SA11AI.20275 Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee.	C	19.23
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	
Full Name (Last, First, Middle Initial) C. William A. Prince		Date of Receipt
Mailing Address 8735 Henderson Road		10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.21743
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	
SUBTOTAL of Receipts This Page (optional	l)	57.69

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21882 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 916.52 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey S. Ray Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22144 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 958.18 Other (specify) Full Name (Last, First, Middle Initial) c. Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19625 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 179.47 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21106 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) B. Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20804 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) Full Name (Last, First, Middle Initial) c. Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21349 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21612 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) B. Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21866 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) c. Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 Zip Code City State Transaction ID: SA11AI.22124 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify)

288.45

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23439 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2211.45 Other (specify) Full Name (Last, First, Middle Initial) B. Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19808 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20324 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21001 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) B. Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21545 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Anne E. Read Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21802 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Anne E. Read Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 480.75	Date of Receipt 12 04 2015 Transaction ID: SA11AI.22818 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Anne E. Read Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 499.98	Date of Receipt 12 18 2015 Transaction ID : SA11AI.23063 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Anne E. Read Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 519.21	Date of Receipt 12 31 2015 Transaction ID: SA11AI.23349 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21137 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20835 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21383 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21643 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) B. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21897 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22160 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 622 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20446 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20779 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21175 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20874 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) B. James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21422 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21682 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 2015 10 23 City State Zip Code Transaction ID: SA11AI.21934 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) B. James Rodgers Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22197 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) c. James Rodgers Date of Receipt

Mailing Address 8735 Henderson Road 20 11 2015 Zip Code City State Transaction ID: SA11AI.22454 FL Tampa 33636 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Remedios Rodriguez Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20922 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Remedios Rodriguez Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21474 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Remedios Rodriguez Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21732 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21079 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21116 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) c. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20814 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21358 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) Full Name (Last, First, Middle Initial) B. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21621 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21875 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2115.30	Date of Receipt 11 06 2015 Transaction ID: SA11Al.22134 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2211.45	Date of Receipt 11 20 2015 Transaction ID: SA11Al.22391 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Lauralie M. Rubel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2307.60	Date of Receipt 12 04 2015 Transaction ID: SA11AI.22647 Amount of Each Receipt this Period 96.15
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22893 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2403.75 Other (specify) Full Name (Last, First, Middle Initial) B. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23448 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name (Last, First, Middle Initial) c. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19670 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20189 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20417 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) c. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20750 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21145 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20843 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) c. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21391 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21651 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) B. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21904 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) c. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22168 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22421 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22677 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) c. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22922 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20437 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) **B.** Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20770 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21165 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	6	43 OF	- 8	9
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Christine Ruediger		Date of Receipt
Mailing Address 8735 Henderson Road		M = M / D = D / Y = Y = Y
City	State Zip Code	09 11 2015
Tampa	FL 33634	Transaction ID : SA11Al.20866 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	730.74	
Full Name (Last, First, Middle Initial) 3. Christine Ruediger		Date of Receipt
Mailing Address 8735 Henderson Road		M M / D D / Y Y Y Y
Mailing / Mailioso 6/35 Helidelson Road		09 25 _2015 _
City	State Zip Code	Transaction ID : SA11AI.21414
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	riggrogate roar to bate v	
Other (specify) ▼	769.20	
Full Name (Last, First, Middle Initial) Christine Ruediger		Date of Receipt
Mailing Address 8735 Henderson Road		Date of Receipt
		10 09 2015
City	State Zip Code	Transaction ID: SA11AI.21674
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	207.22	
Other (specify) ▼	807.66	
SUBTOTAL of Receipts This Page (optional)		115.38
TOTAL This Period (last page this line number	er only)	

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21927 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) **B.** Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22190 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22448 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22700 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) **B.** Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22946 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23410 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 02 2015 City State Zip Code Transaction ID: SA11AI.19756 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20273 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) **c.** Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20501 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21483 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21741 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) **c.** Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21993 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 06 2015 11 City State Zip Code Transaction ID: SA11AI.22256 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22513 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) **c.** Phyllis J. Ruska Date of Receipt Mailing Address 8735 Henderson Road 04 2015 City State Zip Code Transaction ID: SA11AI.22761 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per parame and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Phyllis J. Ruska Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 499.98	Date of Receipt 12 18 2015 Transaction ID: SA11AI.23007 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Phyllis J. Ruska Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 519.21	Date of Receipt 12 31 2015 Transaction ID : SA11AI.23292 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Patricia A. Russell Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 269.22	Date of Receipt 07 02 2015 Transaction ID : SA11AI.19741 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Patricia A. Russell Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20257 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia A. Russell Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20485 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) **c.** Patricia A. Russell Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20640 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X 11a	11b	11c	12				
	13	14	15	16	17			

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SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Abby Dritz Salzer Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 961.50	Date of Receipt 12 04 2015 Transaction ID : SA11AI.22674 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Abby Dritz Salzer Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 12 18 2015 Transaction ID: SA11AI.22919 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Abby Dritz Salzer Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 1038.42	Date of Receipt 12 31 2015 Transaction ID: SA11AI.23385 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)	•	115.38
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marie E. Samerson Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19685 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Marie E. Samerson Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20205 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Marie E. Samerson Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20432 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19732 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 277.22 Other (specify) Full Name (Last, First, Middle Initial) B. Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20248 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 296.45 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20476 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 315.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20631 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 334.91 Other (specify) Full Name (Last, First, Middle Initial) B. Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21204 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 354.14 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20902 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 373.37 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellC	Care PAC)	
Primary General Other (specify) ▼		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tracy M. Schmidt Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Aggrega		Date of Receipt 10 09 2015 Transaction ID: SA11AI.21713 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Tracy M. Schmidt Mailing Address 8735 Henderson Road City State Tampa FL FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Occupation Aggrega		Date of Receipt 10 23 2015 Transaction ID : SA11AI.21965 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22981 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 507.98 Other (specify) Full Name (Last, First, Middle Initial) B. Tracy M. Schmidt Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23269 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 527.21 Other (specify) Full Name (Last, First, Middle Initial) c. Hania Schwartz Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19775 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Hania Schwartz Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 Zip Code City State Transaction ID: SA11AI.20675 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify)

57.69

SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19641 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20165 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20393 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21054 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21121 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20819 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21363 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21626 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21880 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22142 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22397 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22653 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (\)	WellCare PAC)	
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) ▼ Au Other (specify) ▼	State Zip Code FL 33634 C ccupation ealth care ggregate Year-to-Date ▼ 1300.00	Date of Receipt 12 18 2015 Transaction ID: SA11AI.22899 Amount of Each Receipt this Period 50.00
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C ccupation ealth care ggregate Year-to-Date ▼ 1350.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.23423 Amount of Each Receipt this Period 50.00
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C ccupation ealth care ggregate Year-to-Date ▼	Date of Receipt 07 02 2015 Transaction ID: SA11AI.19765 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		119.23
TOTAL This Period (last page this line number only)	

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12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20279 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20507 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20665 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X 11a 11b 11c	12
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365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 Zip Code City State Transaction ID: SA11AI.21489 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify)

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TOTAL This Period (last page this line number only)		7	_		7	_	_		_	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21747 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21999 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22262 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X 11a 11b 11c 12	
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City	State Zip Code	Transac	ction ID : SA1	1AI.23013
Tampa	FL 33634	Amount o	of Each Recei	pt this Period
FEC ID number of contributing federal political committee.	C		,	19
Name of Employer	Occupation			
WellCare Health Plans, Inc.	health care			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 499.98			
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lawrence R. Smart Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20541 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence R. Smart Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20701 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) **c.** Lawrence R. Smart Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21276 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC)	
Name of Employer WellCare Health Plans, Inc. Receipt For:	State Zip Code FL 33634 C Decupation ealth care Aggregate Year-to-Date ▼ 1346.10	Date of Receipt 07 02 2015 Transaction ID : SA11AI.19631 Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation ealth care Aggregate Year-to-Date ▼ 1442.25	Date of Receipt 07 17 2015 Transaction ID : SA11AI.20157 Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634 C Decupation ealth care Aggregate Year-to-Date ▼ 1538.40	Date of Receipt 07 31 2015 Transaction ID : SA11AI.20385 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional))	288.45
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21355 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21618 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) Full Name (Last, First, Middle Initial) c. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21872 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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230.76

C

Occupation

health care

Aggregate Year-to-Date ▼

38.46

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 02 2015 City State Zip Code Transaction ID: SA11AI.19736 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20252 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20480 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20635 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21210 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20907 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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FOR LINE NUMBER: PAGE 707 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22985 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Philip G. Stalas Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23273 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) c. Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19674 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20193 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20421 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) c. Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20754 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Carol H. Steckel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) General	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 692.28	Date of Receipt 08 28 2015 Transaction ID: SA11AI.21149 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Carol H. Steckel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 730.74	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carol H. Steckel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 769.20	Date of Receipt 99 25 2015 Transaction ID : SA11AI.21395 Amount of Each Receipt this Period 38.46
SUBTOTAL of Receipts This Page (optional)		115.38
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	/ellCare PAC)	
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) Occ Agg		Date of Receipt 10 23 2015 Transaction ID: SA11AI.21978 Amount of Each Receipt this Period 19.23
Tampa FIC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For:		Date of Receipt 11 06 2015 Transaction ID: SA11AI.22241 Amount of Each Receipt this Period 19.23
Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Descript For:	tate Zip Code FL 33634 cupation Ith care gregate Year-to-Date 461.52	Date of Receipt 11 20 2015 Transaction ID: SA11AI.22498 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	>	57.69

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FOR LINE NUMBER: PAGE 718 OF 892 Use separate schedule(s) (check only one) X 11a 11b 11c 12 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19658 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) B. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20178 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) c. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20406 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 719 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20739 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21134 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) c. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20832 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR	R LINE	NU	IMBER	:	PAGE	7	20 OF	1	892
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	Receipt For: Primary General Other (specify) Other	health care Aggregate Year-to-Date ▼ 807.66	
C.	Full Name (Last, First, Middle Initial) Derek A. Stratman Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 846.12	Date of Receipt 10 23 2015 Transaction ID: SA11AI.21893 Amount of Each Receipt this Period 38.46
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115.38

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22911 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) B. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23377 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) Full Name (Last, First, Middle Initial) c. Shunae E. Thomas Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19766 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Shunae E. Thomas Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 403.83	Date of Receipt 10 09 2015 Transaction ID: SA11Al.21748 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Shunae E. Thomas Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 23 2015 Transaction ID: SA11AI.22000 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Shunae E. Thomas Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 06 2015 Transaction ID: SA11AI.22263 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)) >	57.69
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or for commercial purposes, other than using	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. Page 1988)	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Shunae E. Thomas Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	12 31 2015 Transaction ID : SA11AI.23299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	19.23
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 519.21	
Full Name (Last, First, Middle Initial) Cynthia Thompson Mailing Address 8735 Henderson Road	•	Date of Receipt 07 02 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.19676 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	
Full Name (Last, First, Middle Initial) C. Cynthia Thompson		Date of Receipt
Mailing Address 8735 Henderson Road		07 17 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.20195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	
SUBTOTAL of Receipts This Page (optional).		96.15
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Cynthia Thompson Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20849 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Thompson Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21397 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) **c.** Cynthia Thompson Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21657 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Cynthia Thompson Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa FEC ID number of contributing	State Zip Code FL 33634	10 23 2015 Transaction ID : SA11Al.21910 Amount of Each Receipt this Period
federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	Occupation health care Aggregate Year-to-Date 846.12	38.46
Full Name (Last, First, Middle Initial) Cynthia Thompson Mailing Address 8735 Henderson Road		Date of Receipt 11 06 2015
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.22174 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	38.46
WellCare Health Plans, Inc. Receipt For:	health care Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	884.58	
Full Name (Last, First, Middle Initial) Cynthia Thompson		Date of Receipt
Mailing Address 8735 Henderson Road City	State Zip Code	11 20 2015
Tampa	FL 33634	Transaction ID : SA11AI.22427 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	
WellCare Health Plans, Inc. Receipt For:	health care	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	
SUBTOTAL of Receipts This Page (optional)	>	115.38
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19607 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2692.20 Other (specify) Full Name (Last, First, Middle Initial) B. Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20133 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) Full Name (Last, First, Middle Initial) **c.** Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20361 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3076.80 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 733 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21084 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3269.10 Other (specify) Full Name (Last, First, Middle Initial) B. Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21088 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3461.40 Other (specify) Full Name (Last, First, Middle Initial) **c.** Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20786 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3653.70 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21331 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 3846.00 Other (specify) Full Name (Last, First, Middle Initial) B. Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21594 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4038.30 Other (specify) Full Name (Last, First, Middle Initial) **c.** Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21848 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4230.60 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22105 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4422.90 Other (specify) Full Name (Last, First, Middle Initial) B. Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22362 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4615.20 Other (specify) Full Name (Last, First, Middle Initial) **c.** Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 04 2015 City State Zip Code Transaction ID: SA11AI.22620 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4807.50 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Ar or NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22866 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 4999.80 Other (specify) Full Name (Last, First, Middle Initial) B. Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23452 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 5192.10 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Jane Toomey Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 Zip Code City State Transaction ID: SA11AI.21300 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 11.53 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 207.54 Other (specify) 396.13 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Jane Toomey Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22831 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 11.53 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.25 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Jane Toomey Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.23075 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 11.53 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 299.78 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Jane Toomey Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23251 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 11.53 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 311.31 Other (specify) 34.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Crysten C. Troutman Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20624 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Crysten C. Troutman Date of Receipt Mailing Address 8735 Henderson Road 80 28 2015 City State Zip Code Transaction ID: SA11AI.21198 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) c. Crysten C. Troutman Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20895 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anthony J. Valdes Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21242 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony J. Valdes Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20940 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) **c.** Anthony J. Valdes Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21491 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Anthony J. Valdes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 403.83	Date of Receipt 10 09 2015 Transaction ID: SA11AI.21749 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Anthony J. Valdes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 23 2015 Transaction ID: SA11Al.22001 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Anthony J. Valdes Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 11 06 2015 Transaction ID : SA11AI.22264 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20872 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21420 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21680 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22705 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22951 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23415 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any penter name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Leonel Viel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 326.91	Date of Receipt 08 14 2015 Transaction ID: SA11AI.20700 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Leonel Viel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 346.14	Date of Receipt 08 28 2015 Transaction ID : SA11Al.21275 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Leonel Viel Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 365.37	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	•	57.69
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Leonel Viel Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.23051 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Leonel Viel Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23337 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) c. Karen J. Viera Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19748 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Karen J. Viera Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21733 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Karen J. Viera Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21985 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Karen J. Viera Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22248 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19785 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20299 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20528 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20688 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21263 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20968 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21519 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21776 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) c. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22029 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22288 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22547 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22792 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.23037 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23323 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) c. Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19750 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 771 OF 892 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20267 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20495 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20652 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21227 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20926 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 25 09 2015 City State Zip Code Transaction ID: SA11AI.21477 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the	(check only one)								
Detailed Summary Page	×	11a		11b		11c		12	
, ,		13		14		15		16	17

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAGE	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) A. Crystal W. Walker Mailing Address, 8735 Henderson Road		Date of Receipt
Mailing Address 8735 Henderson Road		10 09 2015
City	State Zip Code	Transaction ID : SA11AI.21735
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	1
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	403.83	
Full Name (Last, First, Middle Initial) 3. Crystal W. Walker		Date of Receipt
Mailing Address 8735 Henderson Road	1	10 23 _2015 _
City	State Zip Code	10 23 2015 Transaction ID : SA11AI.21987
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	•
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	423.06	
Full Name (Last, First, Middle Initial) Crystal W. Walker		Date of Receipt
Mailing Address 8735 Henderson Road		11 06 / Y Y Y Y Y Y
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.22250
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	19.23
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	442.29	
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22507 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22755 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.23001 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499 98 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 775 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 776 OF 892

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (We	ellCare PAC)	
WellCare Health Plans, Inc. Receipt For: Primary General Other (specify) ▼ healt Aggr	'	Date of Receipt 07 31 2015 Transaction ID: SA11AI.20396 Amount of Each Receipt this Period 41.66
WellCare Health Plans, Inc. health	'	Date of Receipt 08 14 2015 Transaction ID: SA11AI.20785 Amount of Each Receipt this Period 41.66
WellCare Health Plans, Inc. healt	•	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		124.98

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20822 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 791.54 Other (specify) Full Name (Last, First, Middle Initial) B. Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21366 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 833.20 Other (specify) Full Name (Last, First, Middle Initial) c. Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21629 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 874.86 Other (specify) 124.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21883 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 916.52 Other (specify) Full Name (Last, First, Middle Initial) B. Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22145 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 958.18 Other (specify) Full Name (Last, First, Middle Initial) c. Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22399 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.84 Other (specify) 124.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 779 OF 892 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22656 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.50 Other (specify) Full Name (Last, First, Middle Initial) B. Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22901 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1083.16 Other (specify) Full Name (Last, First, Middle Initial) c. Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23421 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1124.82 Other (specify) 124.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19799 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20315 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20542 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20702 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21277 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20988 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21535 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21792 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) c. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22046 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.23053 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23339 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19683 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20203 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20430 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20763 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal process of any political committees	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Dale Washington Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 576.90	Date of Receipt 08 28 2015 Transaction ID : SA11AI.21158 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Dale Washington Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 615.36	Date of Receipt 9 11 2015 Transaction ID : SA11AI.20856 Amount of Each Receipt this Period 38.46
Full Name (Last, First, Middle Initial) Dale Washington Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 653.82	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)		115.38
TOTAL This Period (last page this line number	r only)	

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892 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 2015 10 09 City State Zip Code Transaction ID: SA11AI.21665 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) B. Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21918 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22181 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22435 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) B. Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22690 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 846.12 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.22934 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 884.58 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23399 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 923.04 Other (specify) Full Name (Last, First, Middle Initial) B. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20169 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) c. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20397 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 118.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20783 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21126 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify) Full Name (Last, First, Middle Initial) c. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20823 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
WellCare Health Plans, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 760.00	Date of Receipt 09 25 2015 Transaction ID: SA11AI.21367 Amount of Each Receipt this Period 40.00
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation nealth care Aggregate Year-to-Date ▼ 800.00	Date of Receipt 10 09 2015 Transaction ID: SA11Al.21630 Amount of Each Receipt this Period 40.00
WellCare Health Plans, Inc.	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼	Date of Receipt 10 23 2015 Transaction ID: SA11AI.21884 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number on	ıly)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 06 2015 11 City State Zip Code Transaction ID: SA11AI.22146 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name (Last, First, Middle Initial) B. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22401 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 920.00 Other (specify) Full Name (Last, First, Middle Initial) c. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22657 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nikita M. Weinberg Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21770 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Nikita M. Weinberg Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22020 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) c. Marcia L. Welch Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20674 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Marcia L. Welch Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 230.76	Date of Receipt 08 28 2015 Transaction ID : SA11AI.21249 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Marcia L. Welch Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 249.99	Date of Receipt 9 11 2015 Transaction ID : SA11AI.20948 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Marcia L. Welch Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 269.22	Date of Receipt 09 25 2015 Transaction ID: SA11Al.21498 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marcia L. Welch Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21756 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Marcia L. Welch Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22008 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Marcia L. Welch Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22271 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marcia L. Welch Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22528 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Marcia L. Welch Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22775 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Marcia L. Welch Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.23021 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marcia L. Welch Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23306 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19751 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20268 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 799 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20496 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 08 14 2015 City State Zip Code Transaction ID: SA11AI.20653 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) c. Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21228 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 800 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20927 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) B. Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21478 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21736 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 801 OF 892 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 2015 10 City State Zip Code Transaction ID: SA11AI.21988 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22251 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) c. Richard A. Wellons Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22508 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Richard A. Wellons Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 480.75	Date of Receipt 12 04 2015 Transaction ID: SA11Al.22756 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Richard A. Wellons Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 499.98	Date of Receipt 12 18 2015 Transaction ID: SA11Al.23002 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Richard A. Wellons Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 519.21	Date of Receipt 12 31 2015 Transaction ID : SA11AI.23288 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	·····	57.69
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 803 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Richard Wells Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23236 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 7.69 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 207.63 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica White Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19657 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Jessica White Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20177 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 84.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 804 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jessica White Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20405 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica White Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20738 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) c. Jessica White Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21133 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 805 OF 892 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jessica White Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20831 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica White Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21376 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Jessica White Date of Receipt Mailing Address 8735 Henderson Road 09 10 2015 City State Zip Code Transaction ID: SA11AI.21638 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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or for commercial purposes, other than using t	he name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Jessica White Mailing Address 8735 Henderson Road		Date of Receipt
		10 23 2015
City	State Zip Code	Transaction ID : SA11AI.21892
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	_
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	730.74	
Full Name (Last, First, Middle Initial) Jessica White		Date of Receipt
Mailing Address 8735 Henderson Road		11 06 2015
City	State Zip Code FL 33634	Transaction ID : SA11AI.22155
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	1
WellCare Health Plans, Inc.	health care	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	769.20	
Full Name (Last, First, Middle Initial) Jessica White		Date of Receipt
Mailing Address 8735 Henderson Road		11 202015
City	State Zip Code	Transaction ID : SA11AI.22409
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	-
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	807.66	
SUBTOTAL of Receipts This Page (optional)	k	115.38

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FOR LINE NUMBER: PAGE 808 OF 892 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marketa Wills Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22695 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Marketa Wills Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22940 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) c. Marketa Wills Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23404 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 809 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Barbara A. Witte Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19678 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara A. Witte Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20197 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Barbara A. Witte Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20425 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499 98 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Full Name (Last, First, Middle Initial) c. Barbara A. Witte Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 Zip Code City State Transaction ID: SA11AI.20851 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify)

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Barbara A. Witte Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21399 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara A. Witte Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21660 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) Full Name (Last, First, Middle Initial) c. Barbara A. Witte Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21912 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 730.74 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Barbara A. Witte Date of Receipt Mailing Address 8735 Henderson Road 06 2015 11 City State Zip Code Transaction ID: SA11AI.22176 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara A. Witte Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22430 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 807.66 Other (specify) Full Name (Last, First, Middle Initial) **c.** Nancy Wohlhart Date of Receipt Mailing Address 8735 Henderosn Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19778 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Nancy Wohlhart Date of Receipt Mailing Address 8735 Henderosn Road 2015 28 City State Zip Code Transaction ID: SA11AI.21254 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **B.** Nancy Wohlhart Date of Receipt Mailing Address 8735 Henderosn Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20956 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) **c.** Nancy Wohlhart Date of Receipt Mailing Address 8735 Henderosn Road 25 09 2015 Zip Code City State Transaction ID: SA11AI.21503 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify)

57.69

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 815 OF 892 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Randolph S. Wojnarowicz Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20711 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Randolph S. Wojnarowicz Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21285 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Randolph S. Wojnarowicz Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20998 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Randolph S. Wojnarowicz Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22312 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Randolph S. Wojnarowicz Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22571 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Randolph S. Wojnarowicz Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22816 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Chang Xie Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20328 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Chang Xie Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20554 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Chang Xie Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20716 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Chang Xie Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21290 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Chang Xie Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.21004 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Chang Xie Date of Receipt Mailing Address 8735 Henderson Road 25 09 2015 City State Zip Code Transaction ID: SA11AI.21548 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Chang Xie Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 403.83	Date of Receipt 10 09 2015 Transaction ID: SA11AI.21805 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Chang Xie Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 423.06	Date of Receipt 10 23 2015 Transaction ID : SA11AI.22059 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Chang Xie Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 442.29	Date of Receipt 11 06 2015 Transaction ID: SA11AI.22317 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number	only)	

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FOR LINE NUMBER: PAGE 827 OF 892 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.21077 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) B. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21114 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) c. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20812 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1826.85 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21356 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21619 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2019.15 Other (specify) Full Name (Last, First, Middle Initial) c. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.21873 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22891 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name (Last, First, Middle Initial) B. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23446 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2596.05 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19801 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21279 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20990 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 09 25 2015 City State Zip Code Transaction ID: SA11AI.21537 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21794 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22048 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22306 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 20 2015 11 City State Zip Code Transaction ID: SA11AI.22565 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 12 04 2015 City State Zip Code Transaction ID: SA11AI.22810 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 18 2015 City State Zip Code Transaction ID: SA11AI.23055 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499 98 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Mary Virginia Yates Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23341 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19735 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20251 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Yin Yiu Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 365.37	Date of Receipt 99 11 2015 Transaction ID: SA11AI.20906 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Yin Yiu Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 09 25 2015 Transaction ID : SA11Al.21459 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) Yin Yiu Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 403.83	Date of Receipt 10 09 2015 Transaction ID: SA11AI.21716 Amount of Each Receipt this Period 19.23
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 2015 10 23 City State Zip Code Transaction ID: SA11AI.21969 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 11 06 2015 City State Zip Code Transaction ID: SA11AI.22232 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22489 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Belinda Young Date of Receipt Mailing Address 8735 Henderson Road 2015 11 06 City State Zip Code Transaction ID: SA11AI.22211 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) Full Name (Last, First, Middle Initial) B. Belinda Young Date of Receipt Mailing Address 8735 Henderson Road 20 11 2015 City State Zip Code Transaction ID: SA11AI.22469 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) c. Belinda Young Date of Receipt Mailing Address 8735 Henderson Road 04 12 2015 City State Zip Code Transaction ID: SA11AI.22719 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.75 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Belinda Young Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22966 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Belinda Young Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23254 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) c. JoJo M. Young Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20696 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) JoJo M. Young Date of Receipt Mailing Address 8735 Henderson Road 09 2015 10 City State Zip Code Transaction ID: SA11AI.21785 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. JoJo M. Young Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22039 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. JoJo M. Young Date of Receipt Mailing Address 8735 Henderson Road 06 11 2015 City State Zip Code Transaction ID: SA11AI.22297 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) JoJo M. Young Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 346.14	Date of Receipt 11 20 2015 Transaction ID : SA11AI.22556 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) JoJo M. Young Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 365.37	Date of Receipt 12 04 2015 Transaction ID: SA11Al.22801 Amount of Each Receipt this Period 19.23
Full Name (Last, First, Middle Initial) JoJo M. Young Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 384.60	Date of Receipt 12 18 2015 Transaction ID : SA11AI.23046 Amount of Each Receipt this Period 19.23
SUBTOTAL of Receipts This Page (optional)	·····	57.69
TOTAL This Period (last page this line number of	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) JoJo M. Young Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23332 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19616 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20142 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20370 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.21061 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1634.55 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21097 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Stror for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial) Michael Carl Yount Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary Other (specify) Entitle Address 8735 Henderson Road	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2115.30	Date of Receipt 10 23 2015 Transaction ID: SA11Al.21857 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Michael Carl Yount Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2211.45	Date of Receipt 11 06 2015 Transaction ID: SA11Al.22115 Amount of Each Receipt this Period 96.15
Full Name (Last, First, Middle Initial) Michael Carl Yount Mailing Address 8735 Henderson Road City Tampa FEC ID number of contributing federal political committee. Name of Employer WellCare Health Plans, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33634 C Occupation health care Aggregate Year-to-Date ▼ 2307.60	Date of Receipt 11 20 2015 Transaction ID: SA11AI.22370 Amount of Each Receipt this Period 96.15
SUBTOTAL of Receipts This Page (optional)	>	288.45
TOTAL This Period (last page this line number o	nly)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 2015 12 City State Zip Code Transaction ID: SA11AI.22971 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 499.98 Other (specify) Full Name (Last, First, Middle Initial) B. Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 12 31 2015 City State Zip Code Transaction ID: SA11AI.23259 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) c. Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 02 07 2015 City State Zip Code Transaction ID: SA11AI.19744 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20261 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20489 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) c. Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20645 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 2015 28 City State Zip Code Transaction ID: SA11AI.21220 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 09 2015 11 City State Zip Code Transaction ID: SA11AI.20918 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) Full Name (Last, First, Middle Initial) c. Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 25 09 2015 City State Zip Code Transaction ID: SA11AI.21470 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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SCHEDULE A (FEC Form 3X)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Le Zheng Date of Receipt Mailing Address 8735 Henderson Road 2015 12 31 City State Zip Code Transaction ID: SA11AI.23281 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 519.21 Other (specify) Full Name (Last, First, Middle Initial) B. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 07 02 2015 City State Zip Code Transaction ID: SA11AI.19653 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) c. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 17 07 2015 City State Zip Code Transaction ID: SA11AI.20175 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 2015 31 City State Zip Code Transaction ID: SA11AI.20403 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 615.36 Other (specify) Full Name (Last, First, Middle Initial) B. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 80 14 2015 City State Zip Code Transaction ID: SA11AI.20735 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 653.82 Other (specify) Full Name (Last, First, Middle Initial) c. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 28 80 2015 City State Zip Code Transaction ID: SA11AI.21131 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 692.28 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 04 2015 12 City State Zip Code Transaction ID: SA11AI.22663 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 12 18 2015 City State Zip Code Transaction ID: SA11AI.22908 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) c. Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 31 2015 City State Zip Code Transaction ID: SA11AI.23373 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1038.42 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 2015 02 City State Zip Code Transaction ID: SA11AI.19805 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 07 17 2015 City State Zip Code Transaction ID: SA11AI.20321 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) c. Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.20548 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 2015 City State Zip Code Transaction ID: SA11AI.20710 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 326.91 Other (specify) Full Name (Last, First, Middle Initial) B. Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 08 28 2015 City State Zip Code Transaction ID: SA11AI.21284 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) c. Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 09 11 2015 City State Zip Code Transaction ID: SA11AI.20997 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 365.37 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 872 OF 892 Use separate schedule(s) (check only one) X 11a 11b 11c 12 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 2015 25 City State Zip Code Transaction ID: SA11AI.21542 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 10 09 2015 City State Zip Code Transaction ID: SA11AI.21799 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 403.83 Other (specify) Full Name (Last, First, Middle Initial) c. Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 10 23 2015 City State Zip Code Transaction ID: SA11AI.22053 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 С federal political committee. Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Primary General Other (specify)							
Other (specify) ▼ 5000.00 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Occupation FIUI Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Primary General Occupation FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date ▼ Occupation Aggregate Year-to-Date ▼			Aggregate	Year-to-Date ▼			
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Receipt For: Primary General Aggregate Year-to-Date ▼		·					
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Primary General Other (specify) ▼		Name of Employer	Name of Employer Occupation				
Primary General Other (specify) ▼		Receipt For:	Aggragat-	Voor to Date =	_		
5000.00			Aggregate	Teal-10-Date ▼	.		
SUBTOTAL of Receipts This Page (optional).		Other (specify) \blacktriangledown		7			
SUBTOTAL of Receipts This Page (optional).	Г						
	5	SUBTOTAL of Receipts This Page (optional)			5000.00		

TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3)			FOR LINE NUMBER: PAGE 876 OF 892			
ITEMIZED DISBURSEMENTS	Use separate schedu for each category of Detailed Summary Pa	the Concor only	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30			
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)						
Wellcare Health Plans, Inc. I	PAC (WellCare PAC)					
Full Name (Last, First, Middle Initial)			5. (5.)			
A. Bilirakis for Congress			Date of Disbursement			
Mailing Address P. O. Box 606			08 24 2015			
City	State Zip Code		Transaction ID : SB23.23133			
Tarpon Springs Purpose of Disbursement	FL 34688					
contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	2500.00			
Gus Michael Bilirakis	B: 1	Type	2300.00			
Office Sought: House Senate President	Disbursement For: 2016 Primary Gene Other (specify) ▼	ral				
State: FL District: 12						
Full Name (Last, First, Middle Initial) Bob Casey for Senate, Inc.			Date of Disbursement			
Bob Casey for Seriate, fric.			M M / D D / Y Y Y Y			
Mailing Address P. O. Box 58746			07 16 2015			
City Philadelphia	State Zip Code PA 19102		Transaction ID : SB23.23124			
Purpose of Disbursement contribution	10102					
Candidate Name			Amount of Each Disbursement this Period			
Robert P. Jr. Casey		Category/ Type	2500.00			
	Disbursement For: 2018	Type	, , , , , , , , , , , , , , , , , , , ,			
X Senate	Primary Gene	ral				
President	Other (specify) ▼					
State: PA District: 00						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
Castor For Congress			M M / D D / Y Y Y Y			
Mailing Address 301 W. Platt Street, #385			11 12 2015			
City	State Zip Code		Transaction ID - CD02 22004			
Tampa	FL 33606		Transaction ID : SB23.23201			
Purpose of Disbursement contribution						
Candidate Name			Amount of Each Disbursement this Period			
Kathy Castor		Category/ Type	5000.00			
•	Disbursement For: 2016 Primary Gene Other (specify) ▼					
State: FL District: 14						
SUBTOTAL of Disbursements This Page (c	ptional)	·····	10000.00			
TOTAL This Period (last page this line num	nber only)					

SCHEDULE B (FEC Form 3X)	llee		FOR LINE I	-	PAGE 877 OF 89
ITEMIZED DISBURSEMENTS	Use separate for each cate	gory of the	(check only	,	X 23
	Detailed Sum		27	28a	28b 28c 29 30
Any information copied from such Reports and State					
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)	_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	۸۵۱			
Wellcare Health Plans, Inc. PAC (vveliCare P	4C)			
Full Name (Last, First, Middle Initial)					
A. Friends of Joe Pitts					Disbursement
Mailing Address P. O. Box 775				08	14 2015
City		Code		Transa	ction ID : SB23.23130
Unionville	PA 19	375		i i alisa	Guon ID . 3023.23 I3U
Purpose of Disbursement contribution				Amount of	of Each Disbursement this Period
Candidate Name			Category/		2500.00
Joseph R. Pitts			Type		2000.00
	ement For: 2016 Primary	_			
President	Other (specify)	General			
State: PA District: 16	(opcolly)	▼			
Full Name (Last, First, Middle Initial)					
B. Friends of Mazie Hirono				Date of I	Disbursement
				M = M	/ D D / Y Y Y Y Y
Mailing Address P. O. Box 677				11	17 2015
City		Code		Transa	ction ID : SB23.23205
Honolulu Purpose of Disbursement	- 111 96	8809			
				Amount of	of Each Disbursement this Period
Candidate Name			Category/		0500.00
Mazie Hirono			Type		2500.00
	ement For: 2018	_			
Senate President	Other (specify)	General			
State: HI District: 00	Other (specify)	▼			
Full Name (Last, First, Middle Initial)					
C. Guthrie for Congress				Date of I	Disbursement
				M = M	/ D D / Y Y Y Y
Mailing Address 504 Derek Avenue				11	03 2015
City	State Zip	Code			atlan ID ODGG GG4G5
Elizabethtown		701		Transa	ction ID : SB23.23193
Purpose of Disbursement contribution					
			السا	Amount o	of Each Disbursement this Period
Candidate Name S. Brett Guthrie			Category/	T.	2500.00
	ement For: 2016		Туре		
Senate Staget	Primary	General			
President	Other (specify)				
State: KY District: 02					
		_	<u>_</u> _		
SUBTOTAL of Disbursements This Page (optional)			·····•		7500.00
TOTAL This Period (last page this line number only	y)			1	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 878 OF 892			
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	VellCare PAC)				
Full Name (Last, First, Middle Initial)					
Hoyer's Majority Fund			Date of Disbursement		
Mailing Address 700 13th Stret, N.W. Suite 600	7.0		10 15 2015		
City S Washington	State Zip Code DC 20005		Transaction ID : SB23.23181		
Purpose of Disbursement	20003				
contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	2500.00		
	nent For: Primary General Other (specify)				
State: MD District: 05					
Full Name (Last, First, Middle Initial) - Jeffries for Congress			Date of Disbursement		
- Jeffries for Congress			Mam / Dab / Yayayay		
Mailing Address P. O. Box 380320			08 28 2015		
Brooklyn	State Zip Code NY 11238		Transaction ID : SB23.23132		
Purpose of Disbursement contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	2500.00		
Hakeem Jeffries		Type	2550.55		
Senate	nent For: 2016 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) - Kentucky Democratic Party			Date of Disbursement		
Mailing Address P. O. Box 694			07 07 2015		
,	State Zip Code KY 40602		Transaction ID : SB23.23116		
Purpose of Disbursement contribution	40002				
Candidate Name		Category/	Amount of Each Disbursement this Period 2500.00		
	nent For: Primary General Other (specify)	Туре			
State: District:					
SUBTOTAL of Disbursements This Page (optional)		·····•	7500.00		

SCHEDULE B (FEC Form 3X)			DACE 070 OF 000
ITEMIZED DISBURSEMENTS	Use separate schedule(s	s) FOR LINE (check only	
I I EIVILZED DISBURSEIVIEN IS	for each category of the	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22 🔀 23 🗆 24 🗆 25 🗀 26
	Detailed Summary Page	27	28a 28b 28c 29 30
Any information copied from such Reports and State	ements may not be sold or a	used by any pers	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
Wellcare Health Plans, Inc. PAC	(WellCare PAC)		
Full Name (Lost First Middle 1-25-1)	, 		
Full Name (Last, First, Middle Initial)	`		Date of Disbursement
· · · iviaking America Prosperous PAC	Making America Prosperous PAC		
Mailing Address P. O. Box 2485			10 29 2015
City	State Zip Code		Transaction ID : SB23.23187
Springfield	VA 22152		
Purpose of Disbursement contribution			Amount of Each Disbursement this Period
Candidate Name		0.1	Amount of Each Biobardoment time I choo
		Category/ Type	2500.00
Office Sought: House Disburs	sement For:	1 7.	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Bishamana
B. Manchin for West Virginia			Date of Disbursement
Mailing Address P. O. Box 5202			11 17 2015
			11 17 2013
City	State Zip Code		Transaction ID : SB23.23211
Charleston	WV 25361		1141134Ction ID . 3D23.23211
Purpose of Disbursement contribution			Amount of Each Dichursoment this Deriod
Candidate Name		الحسبا	Amount of Each Disbursement this Period
Joe Manchin III		Category/ Type	2500.00
	ement For: 2018	1 .360	, , , , , , , , , , , , , , , , , , , ,
X Senate	Primary General		
President	Other (specify) ▼		
State: WV District: 00			
Full Name (Last, First, Middle Initial)			
C. Pallone for Congress			Date of Disbursement
Moiling Address D. O. D. 19470			10 29 2015
Mailing Address P. O. Box 3176			10 29 2013
City	State Zip Code		T ID OD
Long Branch	NJ 07740		Transaction ID: SB23.23188
Purpose of Disbursement non-federal contribution			
			Amount of Each Disbursement this Period
Candidate Name Frank Pallone		Category/	5000.00
	sement For: 2016	Туре	7 7 7
Senate Sought.	Primary General		
President	Other (specify)		
State: NJ District: 06	(-		
SUBTOTAL of Disbursements This Page (optional)		10000.00
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TOTAL This Period (last page this line number on	ly)		

SCHEDULE B (FEC Form 3X)	Han annersta aska data		FOR LINE NUMBER: PAGE 880 OF 892			
TEMIZED DISBURSEMENTS	Use separate schedule for each category of th Detailed Summary Pag	e Check only	one) 22 X 23 24 25 26 28 28 28 28 29 36			
Any information copied from such Reports and States or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC)					
Full Name (Last, First, Middle Initial) - Pallone for Congress			Date of Disbursement			
Mailing Address P. O. Box 3176			10 29 2015			
City Long Branch Purpose of Disbursement	State Zip Code NJ 07740		Transaction ID : SB23.23189			
contribution Candidate Name			Amount of Each Disbursement this Period			
Frank Pallone Office Sought: House Disburse	ment For: 2016	Category/ Type	5000.00			
Senate President State: NJ District: 06	Primary	.l				
Full Name (Last, First, Middle Initial) People for Patty Murray Mailing Address P. O. Box 3662			Date of Disbursement M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D			
	State Zip Code WA 98124		Transaction ID : SB23.23120			
Purpose of Disbursement contribution			Amount of Each Disbursement this Period			
Candidate Name Patty Murray		Category/ Type	2500.00			
	ment For: 2016 Primary Genera Other (specify) ▼	I				
Full Name (Last, First, Middle Initial) - Price for Congress			Date of Disbursement			
Mailing Address P. O. Box 425			08 24 2015			
City Roswell Purpose of Disbursement	State Zip Code GA 30077		Transaction ID : SB23.23131			
contribution Candidate Name		Category/	Amount of Each Disbursement this Period			
Thomas E Drice	ment For: 2016	Туре	2500.00			
Thomas E. Price Office Sought: House Senate President State: GA District: 06	Primary Genera Other (specify) ▼	ı				

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for each category of the	(orlean orling	•	24 25 26
Detailed Summary Page	27	28a 28b	28c 29 30
V-110			
veliCare PAC)			
		Date of Disbursemen	
		11 / 17	2015
State Zip Code		Transaction ID - CI	323,23212
HI 96812		าาสการสนินเบเที เบ : 51	-20.20212
		Amount of Each Disl	oursement this Period
	Category/		2500.00
aont Fore 2012	Type		2500.00
Primary General			
Other (specify) ▼			
		Date of Dishursemor	nt
			/ Y Y Y Y
		10 15	2015
State Zip Code		Transaction ID : S	B23.23185
29407			
		Amount of Each Disl	bursement this Period
	Category/		2500.00
and Fee	Type		∠500.00
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		D	
		Date of Disbursemen	
		M M / D D	/ Y Y Y Y Y
State 7% Oct.			
orate ZIP Code			
		Amount of Each Disl	bursement this Period
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nent For:	Type	7	7
Primary General			
Other (specify) ▼			
			5000.00
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	for each category of the Detailed Summary Page nents may not be sold or use and address of any politic VellCare PAC) State Zip Code HI 96812 nent For: 2016 Primary General Other (specify) nent For: 29407 State Zip Code SC 29407 State Zip Code SC 29407	Use separate schedule(s) for each category of the Detailed Summary Page Itents may not be sold or used by any personal address of any political committee to committee to the detailed Summary Page Itents may not be sold or used by any personal address of any political committee to committee to the detailed State Itents may not be sold or used by any personal address of any political committee to commi	for each category of the Detailed Summary Page 21b

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 882 OF 892		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only		
Any information copied from such Reports and State		sed by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the na	me and address of any politi	icai committee to	Solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	MallCara DAC)			
angle Wellcare Health Plans, Inc. PAC (vvelicare PAC)			
Full Name (Last, First, Middle Initial)			Data of Bishamanan	
Campaign to Elect Walter 'Four' P	rice State Rep.		Date of Disbursement	
Mailing Address P. O. Box 1749			10 01 2015	
City	State Zip Code		Transaction ID : SB29.23156	
Amarillo	TX 79105		11d13d0t1011 15 . 0520.20100	
Purpose of Disbursement non-federal contribution		· · · · ·	Amount of Each Disbursement this Period	
Candidate Name		Category/	750.00	
Office Sought: House Disburse	ment For:	Туре	7	
Senate	Primary General			
President	Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
- Cindy Burkett Campaign			Date of Disbursement	
Sindy Burkett Campaign			M M / D D / Y Y Y Y	
Mailing Address P. O. Box 850975			10 01 2015	
City	State Zip Code TX 75185		Transaction ID : SB29.23160	
Mesquite Purpose of Disbursement	TX 75185			
non-federal contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	750.00	
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
 David Givens for KY State Senate 			Date of Disbursement	
Mailing Address 901 Columbia Highway			10 01 7 2015	
City	State Zip Code		: ID 0000 00454	
Greensburg	KY 42743		Transaction ID : SB29.23151	
Purpose of Disbursement non-federal contribution				
Candidate Name		Category/	Amount of Each Disbursement this Period	
		Type	1000.00	
	ment For:			
Senate President	Primary General Other (specify)			
State: District:	Caron (Specify)			
SUBTOTAL of Disbursements This Page (optional).			2500.00	
·				
TOTAL This Period (last page this line number only	')	·····		

S	CHEDULE B (FEC Form 3X)				NUMBER: PAGE 883 OF 8
	EMIZED DISBURSEMENTS	Use separate s		FOR LINE (check only	NOMBER:
11	LIVIIZED DISBURSEIVIEN IS	for each categ Detailed Summ		21b	22 23 24 25
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	ny information copied from such Reports and Stater				
or	for commercial purposes, other than using the nan	ne and address o	f any politica	I committee to	solicit contributions from such committee.
$ \setminus $	NAME OF COMMITTEE (In Full)		~ `		
]/	Wellcare Health Plans, Inc. PAC (V	VellCare PA	(C)		
<u></u>	Full Name (Last, First, Middle Initial)				
Α.	Friends and Family for Claudia Gri	ffith			Date of Disbursement
					M = M / D = D / Y = Y = Y
	Mailing Address P. O. Box 6203				10 13 2015
	City	State Zip	Code		
	Norman	OK 730			Transaction ID: SB29.23166
	Purpose of Disbursement				
	non-federal contribution				Amount of Each Disbursement this Period
	Candidate Name		-	Category/	250.00
	Office Sought: House Disburser	nent For:		Туре	
	Senate	Primary	General		
	President	Other (specify)	▼		
	State: District:				
_	Full Name (Last, First, Middle Initial)				
В.	Friends of Glen Mulready				Date of Disbursement
	Mailing Address 660 W. 77th Place				10 13 2015
	Walling Address 660 W. 77th Flace				10 13 2013
	City		Code		Transaction ID : SB29.23170
	Tulsa Purpose of Disbursement	OK 741	32		Transaction 15 : 0523.20170
	non-federal contribution				Amount of Each Disbursement this Period
	Candidate Name		I	Catagory	
				Category/ Type	1000.00
	Office Sought: House Disburser	nent For:			
	Senate	Primary	General		
	President State: District:	Other (specify)	▼		
_	Full Name (Last, First, Middle Initial)				
C.	Friends of Jason Dunnington				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address P. O. Box 1240				10 13 2015
	City	State Zip	Code		
	Oklahoma City	OK 731			Transaction ID : SB29.23173
	Purpose of Disbursement				
	non-federal contribution				Amount of Each Disbursement this Period
	Candidate Name			Category/	250.00
	Office Sought: House Disburser	nent For		Туре	
	Senate Disburser	Primary	General		
	President	Other (specify)			
_	State: District:				
S	SUBTOTAL of Disbursements This Page (optional)			······· •	1500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 884 OF 892
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)
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Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Wellcare Health Plans, Inc. PAC (WellCare PAC)		
vvendare ricatii rians, me. r 70	vvciioaic i 7(0)		
Full Name (Last, First, Middle Initial)			
^{A.} Friends of Kay Floyd			Date of Disbursement
Mailing Address P. O. Box 12396			10 13 2015
City	State Zip Code		
Oklahoma	OK 73157		Transaction ID : SB29.23175
Purpose of Disbursement			
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
000		Туре	300.00
	ement For:		
Senate President	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
3. Friends of Larry Taylor			Date of Disbursement
Therias of Earry Taylor			M = M / D = D / Y = Y = Y
Mailing Address P. O. Box 1208			09 24 2015
City	State Zip Code		Transaction ID : SB29.23149
Friendswood Purpose of Disbursement	TX 77549		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	500.00
Office Sought: House Disburse	ement For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Friends of Scott Martin			
Mailing Address 2916 Stonebridge Court			10 13 2015
ag / tas. eee 2510 Otonobilage Court			
City	State Zip Code		Transaction ID : SB29.23177
Norman	OK 73071		Transaction ib . 3023.23177
Purpose of Disbursement non-federal contribution			
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Office Sought: House Disburse	ement For:	Туре	
Senate	Primary General		
President	Other (specify)		
State: District:	, ,		
SUBTOTAL of Disbursements This Page (optional).			1500.00
TOTAL This Period (last page this line number only	/)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 885 OF 892
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c X 29 30
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NAME OF COMMITTEE (In Full)	mo and address of any point	iodi committee to	condition from Such Committee.
Wellcare Health Plans, Inc. PAC (MaliCara DACI		
vvelicate mealth Flans, Inc. PAC (vvelicale FAC)		
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Friends of Senator Jane Nelson	Friends of Senator Jane Nelson		
Mailing Address P. O. Box 608			10 01 2015
City	State Zip Code		
Grapevine	TX 76099		Transaction ID : SB29.23162
Purpose of Disbursement			
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
000		Type	1000.00
Office Sought: House Disburse	ement For:		
	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Friends of Tom Newell			Date of Disbursement
I HEHUS OF TOTH NEWELL			M M / D D / Y Y Y Y
Mailing Address 35372 EW 1250			10 13 2015
City	State Zip Code		Transaction ID : SB29.23168
Seminole Purpose of Disbursement	OK 74868		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name			can or East Pioparcement this I chou
		Category/ Type	500.00
Office Sought: House Disburse	ement For:	1,750	,
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
^{C.} Gary Van Deaver Campaign			Date of Disbursement
Mailing Address 44041; 22			M M / D D / Y Y Y Y Y
Mailing Address 1101 Hwy. 98			10 01 2015
City	State Zip Code		
New Boston	TX 75570		Transaction ID : SB29.23163
Purpose of Disbursement			
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
		Туре	300.00
	ement For:		
Senate	Primary General		
State: President	Other (specify)		
otato. District.			
CURTOTAL of Diabourgements This Days (see "			2000.00
SUBTOTAL of Disbursements This Page (optional).		·····	7
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TOTAL This Period (last page this line number only	/		

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 886 OF 89
	EMIZED DISBURSEMENTS	Use separate schedule		check only	NOMBER.
. 1		for each category of the Detailed Summary Page		21b	22 23 24 25 26
		Detailed Guillinary 1 ag	gc	27	28a 28b 28c 🔀 29 30
	y information copied from such Reports and Stater				
or	for commercial purposes, other than using the nan	ne and address of any po	olitical	committee to	solicit contributions from such committee.
$ \setminus $	NAME OF COMMITTEE (In Full)				
/	Wellcare Health Plans, Inc. PAC (V	WellCare PAC)			
_	Full Name (Last, First, Middle Initial)				
Α.	Greg Treat for Senate				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 11328 Cimmaron Drive				10 13 2015
	City	State Zip Code			
	Okahoma City	OK 73162			Transaction ID : SB29.23171
	Purpose of Disbursement				
	non-federal contribution				Amount of Each Disbursement this Period
	Candidate Name			Category/	500.00
	Office Sought: House Disburser	mont For:		Туре	
	Senate Disburser	Primary Genera	al		
	President	Other (specify) ▼			
	State: District:				
	Full Name (Last, First, Middle Initial)				
В.	John Frullo Cammpaign				Date of Disbursement
	Moiling Address D. O. D. Ototo				M M / D D / Y Y Y Y Y
	Mailing Address P. O. Box 64010				09 17 2015
	City	State Zip Code			Transaction ID : SB29.23142
	Lubbock	TX 79464			Transaction ID: 3B29.23142
	Purpose of Disbursement non-federal contribution		Ηг		Amount of Fook Dishurasment this Deviced
	Candidate Name		- L		Amount of Each Disbursement this Period
	Canada Name			Category/ Type	500.00
	Office Sought: House Disburser	ment For:		. , , , ,	, ,
	Senate	Primary Genera	al		
	President	Other (specify) ▼			
_	State: District:				
C	Full Name (Last, First, Middle Initial)				Date of Disbursement
٥.	Judith Zaffirini Campaign				M M / D D / Y Y Y Y
	Mailing Address 823 Congress Avenue, #1030				10 01 2015
	,	State Zip Code TX 78701			Transaction ID : SB29.23165
	Austin Purpose of Disbursement	70701			
	non-federal contribution				Amount of Each Disbursement this Period
	Candidate Name			Category/	750.00
				Type	750.00
	Office Sought: House Disburser		al		
	Senate President	Primary General Gener	al		
	State: District:	Carior (specify)			
Г	I				
s	UBTOTAL of Disbursements This Page (optional)				1750.00
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T	OTAL This Period (last page this line number only))			

SC	CHEDULE B (FEC Form 3X)			FOD:	INIT A				ДΛ	GF 887	OF 802
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		FOR LINE NUMBER: PAGE 887 OF 89 (check only one)					31 002		
111	LIVIIZED DISDUNSEIVIEN IS		ategory of the	l ` —	21b	22	23	Г	24	25	<u>26</u>
		Detailed Si	ummary Page		27	28a	28k	, -	28c	X 29	30b
An	y information copied from such Reports and Staten	nents may no	ot be sold or use	ed by any i	persor	for the	purpose	e of	solicitin	a contrib	outions
	for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full)										
$ \rangle$	Wellcare Health Plans, Inc. PAC (V	VellCare	PAC)								
/	•	. J Jai J	,								
_	Full Name (Last, First, Middle Initial)										
A.	Keep Representative Jeff Greer					Date of	Disbur	sem	ent		
	· · · · · · · · · · · · · · · · · · ·					M = M	/ D		/ [/	Y
	Mailing Address P. O. Box 1007					08		05	J L	2015	
	City	Stato	Zin Codo		_						
	City S Brandenburg	State KY	Zip Code 40108			Trans	action I	ID : \$	SB29.2	3126	
	Purpose of Disbursement		.0.00								
	non-federal contribution					Amount	t of Eac	h Di	isburse	ment this	Period
	Candidate Name			Category	//		-	-	-		
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	Office Sought: House Disburser	nent For:									
	Senate	Primary	General								
	President	Other (specif	fy) 🔻								
_	State: District:										
D	Full Name (Last, First, Middle Initial)					Dot	Dieboo		ant		
D.	Kentucky Chamber PAC					Date of Disbursement					
	Mailing Address 464 Chenault Road				-	08	/ D	05	/	2015	Y
						VO		Ų.J	4	2013	
	City	State	Zip Code			Trans	action	ID - 1	SB30 3	2125	
	Frankfort	KY	40601			irans	action	: : טו	3D29.2	.J 120	
	Purpose of Disbursement non-federal contribution				$\neg \top$	A		L 5:			Dest 1
	Candidate Name					Amoun	ot Eac	n Di	spurse	ment this	Period
	Candidate Ivalie			Category	//			_		15	00.00
	Office Sought: House Disbursen	nent For		Туре			,		,		
	Senate Dispulser	Primary	General								
	President	Other (specif									
	State: District:	•									
	Full Name (Last, First, Middle Initial)										
	Kentucky Democratic Party					Date of	Disbur	sem	ent		
						M M	/ D		/	/	Y
	Mailing Address P. O. Box 694					07		07	J L	2015	
	City S	State	Zip Code								
	Frankfort	KY	40602			Trans	action	ID :	SB29.2	3115	
	Purpose of Disbursement				\neg						
	non-federal contribution					Amount	t of Eac	h Di	isburse	ment this	Period
	Candidate Name			Category	//			-		OF.	00.00
				Type						200	00.00
	Office Sought: House Disburser										
	Senate President	Primary Other (specif	General								
	State: District:	Other (specif	(y) \								
г	State. Diotrict.										
١	UBTOTAL of Disbursements This Page (optional)									500	00.00
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т	OTAL This Period (last page this line number only)				•	Ι.	1 (0)				1

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 888 OF 892
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem			on for the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any politica	ii committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	/-!!O DAO\		
angle Wellcare Health Plans, Inc. PAC (V	velicare PAC)		
Full Name (Last, First, Middle Initial)			Data of Diahumamant
- Kentucky House Republican Caucu	Date of Disbursement		
Mailing Address 105 W. 3rd Street		12 03 2015	
,	tate Zip Code		Transaction ID : SB29.23218
C. 551.65 a. g	KY 42743		
Purpose of Disbursement non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Office Sought: House Disbursem	nent For:	Туре	1
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Phil Berger Committee			Date of Disbursement
Mailing Address P. O. Box 1309			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code NC 27289		Transaction ID : SB29.23215
Eden Purpose of Disbursement	2/269		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Office Sought: House Disbursem			
	Primary ☐ General Other (specify) ▼		
State: District:	€		
Full Name (Last, First, Middle Initial)			Date of Dishuranasia
Republican State House Committee	Э		Date of Disbursement
Mailing Address P. O. Box 70894			10 27 2015
,	state Zip Code		Transaction ID : SB29.23190
	OK 74170		11a115aCtivii ID . 3D23.23 190
Purpose of Disbursement non-federal contribution		· ·	Assessment of Feeds Diel
Candidate Name		Category/	Amount of Each Disbursement this Period 1000.00
Office Sought: House Disbursem	nent For:	Туре	1000.00
	Primary General		
	Other (specify)		
State: District:	· · · · · · · · · · · · · · · · · · ·		
CURTOTAL of Disharana Tri Day (" " "		'	4000.00
SUBTOTAL of Disbursements This Page (optional)		·····	4000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:	PAGE 889 OF 89	
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the Summary Page	(check only	/ one) 22 23 24 25		
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	ne and addi	ress or any point	car committee to	SOIICIT COTILI	ibutions from Such committee.	
NAME OF COMMITTEE (In Full)	MallCare	DAC)				
$ angle$ Wellcare Health Plans, Inc. PAC (\	vellCale	PAC)				
Full Name (Last, First, Middle Initial) Richard Pena Raymond Campaign				5		
Richard Pena Raymond Campaign					Disbursement	
Mailing Address P. O. Box 450349		10	01 2015			
City	State	Zip Code		Transac	otion ID + SP20 22452	
Laredo	TX	78045		Transac	ction ID : SB29.23153	
Purpose of Disbursement non-federal contribution				Amount o	of Each Disbursement this Period	
Candidate Name			Category/ Type		750.00	
Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼				
State: District:						
Full Name (Last, First, Middle Initial)						
 Sarah Davis for State Representat 		Date of D	Disbursement			
Mailing Address 4203 Tennyson Street		10	01 2015			
•	State	Zip Code		Transac	ction ID : SB29.23154	
Houston Purpose of Disbursement	TX	77005				
non-federal contribution				Amount o	of Each Disbursement this Period	
Candidate Name			Category/ Type		1000.00	
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼				
Full Name (Last, First, Middle Initial)						
Senate Republican Caucus Campa	aign Cor	nmittee		Date of D	Disbursement	
Mailing Address 105 W. 3rd Street				12	21 2015	
City Greensburg	State KY	Zip Code 42743		Transac	ction ID : SB29.23219	
Purpose of Disbursement non-federal contribution						
Candidate Name			Category/	Amount o	of Each Disbursement this Period	
			Type		2500.00	
Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼				
State: District:						
SUBTOTAL of Disbursements This Page (optional)			•		4250.00	
TOTAL This Period (last page this line number only))					
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SCHEDULE B (FEC Form 3X)		FOD : :::-	NUMBER: PAGE 890 OF 892			
ITEMIZED DISBURSEMENTS	Use separate schedule(s					
II LIVIIZED DISDUNSENIEN IS	for each category of the	21h	22 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c X 29 30k			
Any information copied from such Reports and Stat	ements may not be sold or u	sed by any person	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
Wellcare Health Plans, Inc. PAC	WellCare PAC)					
/ Wondard Hount Harle, me. 1710	(Wondard Frid)					
Full Name (Last, First, Middle Initial)						
A. Texans for Charles Schwertner	Texans for Charles Schwertner					
			M M / D D / Y Y Y Y			
Mailing Address P. O. Box 2448			09 17 2015			
City	State Zip Code					
Georgetown	TX 78627		Transaction ID : SB29.23139			
Purpose of Disbursement						
non-federal contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	4000.00			
		Type	1000.00			
Office Sought: House Disburs	ement For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Date of Dishursement			
B. Texans for Dan Patrick		Date of Disbursement				
Mailing Address P. O. Box 685085			10 01 2015			
Mailing / Marcos F. O. Box 005005			10 01 2010			
City	State Zip Code		Transaction ID : SB29.23155			
Austin	TX 78768		Transaction ID: SB29.23133			
Purpose of Disbursement non-federal contribution						
			Amount of Each Disbursement this Period			
Candidate Name		Category/	2000.00			
Office Sought: House Disburs	ement For:	Туре				
Senate	Primary General					
President	Other (specify)					
State: District:	() () () () () () () () () ()					
Full Name (Last, First, Middle Initial)						
C. Texans for Greg Abbott			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address P. O. Box 308			09 17 2015			
211						
City Austin	State Zip Code TX 78767		Transaction ID : SB29.23144			
Purpose of Disbursement	70707					
non-federal contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type	2500.00			
Office Sought: House Disburs	ement For:	_				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			5500.00			
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SC	CHEDULE B (FEC Form 3X)			EOD LINE	NUMBER: PAGE 891 OF 892			
ITEMIZED DISBURSEMENTS		Use separate schedule(s)						
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		Botanou Guillinary Fr		27	28a 28b 28c X 29 30b			
	y information copied from such Reports and Stater							
	for commercial purposes, other than using the nan	ne and address of any	political	committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)							
/	Wellcare Health Plans, Inc. PAC (V	WellCare PAC)						
<u></u>	Full Name (Last, First, Middle Initial)							
	Texans for Joe Straus				Date of Disbursement			
					M M / D D / Y Y Y Y			
	Mailing Address P. O. Box 90388				09 17 2015			
	City	State Zip Code						
	San Antonio	TX 78209			Transaction ID: SB29.23145			
	Purpose of Disbursement							
	non-federal contribution				Amount of Each Disbursement this Period			
	Candidate Name			Category/	2000.00			
	Office Sought: House Disburser	ment For:		Туре				
	Senate Disburser	Primary Gene	eral					
	President	Other (specify) ▼						
	State: District:							
_	Full Name (Last, First, Middle Initial)							
В.	Thayer for Senate		Date of Disbursement					
	Mailing Address 105 Spyglass Drive				09 08 2015			
	Walling Address 105 Spyglass Drive	09 00 2013						
	City	State Zip Code			Transaction ID : SB29.23138			
	Georgetown Purpose of Disbursement	KY 40324			1141134041011 15 1 0520120100			
	non-federal contribution				Amount of Each Disbursement this Period			
	Candidate Name			Category/				
				Type	1000.00			
	Office Sought: House Disburser	ment For:	'					
	Senate	Primary Gene	ral					
	President State: District:	Other (specify) ▼						
	Full Name (Last, First, Middle Initial)							
_	The Pat McCrory Committee				Date of Disbursement			
					M M / D D / Y Y Y Y			
	Mailing Address 1235E East Boulevard				11 12 2015			
	Suite 179 City	State Zip Code						
	Charlotte	NC 28203			Transaction ID : SB29.23200			
	Purpose of Disbursement							
	non-federal contribution				Amount of Each Disbursement this Period			
	Candidate Name			Category/	5000.00			
	Office Sought: House Disburser	ment For:		Туре				
	Senate Sought.	Primary Gene	eral					
	President	Other (specify) ▼						
_	State: District:							
					2000.00			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 892 OF			
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	Detailed Summary Page	21b 27	22 23 24 25 28 28c X 29			
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or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Wellcare Health Plans, Inc. PAC (V	VellCare PAC)					
Full Name (Last, First, Middle Initial)			B (B)			
A. Van Taylor Campaign	Date of Disbursement					
Mailing Address P. O. Box 261676	10 01 2015					
City	Transaction ID : SB29.23158					
Plano	TX 75026		Transaction ID . 3D29.23130			
Purpose of Disbursement non-federal contribution			Amount of Each Disbursement this Perio			
Candidate Name		Category/ Type	1000.00			
Office Sought: House Disbursen	nent For:	туре				
Senate	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
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Mailing Address	Mailing Address					
City	State Zip Code					
Purpose of Disbursement						
Candidate Name			Amount of Each Disbursement this Perio			
		Category/ Type				
Office Sought: House Disbursen	nent For:					
	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
2.			Date of Disbursement			
Mailing Address		M M / D D / Y Y Y Y				
City	State Zip Code					
Purpose of Disbursement						
r dipose of Disbursement	Amount of Each Disbursement this Perio					
Candidate Name		Category/ Type	Allount of Each Disbursonicht this Folio			
Office Sought: House Disbursen	nent For:	Type				
Senate	Primary General					
	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			1000.00			
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TOTAL This Period (last page this line number only)			37000.00			